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ABSTRACT

This report addresses the conditions of at-risk children and builds a case for changing the odds so that they favor such children. The introduction summarizes nearly a decade of education reform efforts related to disadvantaged youth. It underscores the need to intervene early. Four subsequent sections: (1) describe the developmental characteristics of children during the early learning years; (2) contrast environments that support healthy early development and prevent school failure with those that deprive youth of success; (3) define risk in early childhood and clarify ways in which children can be identified as at-risk; and (4) offer recommendations for intervening on behalf of young children. Tables outline a continuum of services, programs, and activities for young children and their families, and a blueprint for action regarding health and nutrition. Profiles of 35 program examples around the nation are appended. A list of 92 references is included. (RH)

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YOUNG CHILDREN LIVING IN RISKY CIRCUMSTANCES

STUDENTS AT RISK DURING THE EARLY LEARNING YEARS

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YOUNG CHILDREN LIVING IN RISKY CIRCUMSTANCES

TECHNICAL TEAM REPORT

Addressing the Needs of
At-Risk Students During
the Early Learning Years

Submitted to

The Commission for Students At Risk
of School Failure

FOREWORD: TO THE COMMISSION FOR STUDENTS AT RISK OF SCHOOL FAILURE

This report on young children at risk for developmental delays and failure in school encompasses the ages zero to nine. Developed by the Early Learning Years Technical Team, it focuses on preventing risk in childhood. The report provides a theoretical and empirical foundation for the Commission's use in determining what Maryland can do to ensure healthy, happy childhoods for its youngest citizens.

In reviewing the current research on the early learning years, the Team addressed four questions formulated to assist the Commission in developing a course of action for Maryland:

1. What are the developmental characteristics of children during the early learning years?

2. What environments will support or disrupt the healthy development of children during the early learning years?

3. How do we define and identify young children at risk of future school failure?

4. How can we prevent young children from becoming at risk of school failure?

The members of the Early Learning Years Technical Team who contributed to the preparation of this report represent Maryland's experts in early childhood education. They are individuals who brought to the task a depth of experience and thorough knowledge of pertinent theory and research. We thank the following members for their special commitment to this worthwhile project:

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The Technical Team was particularly blessed with the leadership of Mary Nicholson. Her organization, communication skills, and diplomacy facilitated the Team task. We especially want to thank JoAnne Carter and Ginger Eckroade, Maryland State Department of Education, whose leadership and dedication account for the quality of this report. Their commitment to the task, creativity, perseverance, and collaborative work with the Technical Team have made possible a document that the Commission should find most useful.

Phyllis Sunshine
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Staff to the Commission

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EXECUTIVE SUMMARY

EARLY LEARNING YEARS TECHNICAL TEAM REPORT ADDRESSING THE NEEDS OF AT-RISK STUDENTS

This report from the Early Learning Years Technical Team to the Commission confronts the conditions of children at risk and builds a case for changing the odds in their favor. The introduction summarizes nearly a decade of education reform efforts in terms of disadvantaged youngsters. It underscores a need to intervene early and change things from the start. Five remaining sections describe the developmental characteristics of children during the early learning years, contrast environments that support healthy early development to those that promote failure, define risk in early childhood and clarify how children can be identified as at risk, and make recommendations on intervening on behalf of young children.

Based on developmental knowledge, this report highlights the tasks of normal developmental stages and investigates what children need to guarantee such growth. The ingredients for young children's success focuses on the Team's beliefs and creates a framework for recommendations.

The forces affecting the family -- poverty, social, and childcare illustrate the complex effects of the environment on children's success in school. The circumstances of risk categorize the range of complex environmental conditions contributing to risk. Poverty is cited as the single and most pervasive and pernicious factor.

In identifying young children at risk, this report specifies variables at each stage of development. It notes how difficult it is to conclusively predict performance based on grouping by indicators. Examination of different approaches to the identification of young children at risk, highlight the special cautions needed against labeling of children.

The last section of the report returns to the Team's philosophy to coordinate interventions with needs. Tables itemize the services, activities, and outreach to families with children at risk. Recommendations are offered in light of what is currently being done, what needs to be done, and what works.

Sources and program references appear internally in tables and at the conclusion of the report.

INTRODUCTION

Children enter this world dependent and vulnerable but full of potential. Their futures are linked to the health, happiness, and success they experience during childhood. Likewise, our nation's future depends on our children's successful growth to maturity. It is during the childhood years that critical attitudes form and key developmental tasks are mastered. Children should acquire the will and willingness to contribute to the common good while they pursue their own unique goals. They should become competent. They should value work. They should possess the habits and skills necessary to function as productive members of society. Finally, children should acquire a strong sense of self-worth so they can take control of their own lives, view themselves with pride, and treat others with sensitivity and respect.

A positive chain of events, beginning before birth, increases the likelihood of positive outcomes. A negative chain of events, also beginning before birth, increases the likelihood of wasted lives.

- Many young children who begin school with developmental lags live in families that fail to give them what they need to thrive. These weak beginnings prevent them from putting their best foot forward (Kagan & Moss, 1962; Steel, 1967; Robins, 1966; Schweinhart &Weikart, 1986).
- Many adolescents who drop out of high school, commit crimes, and/or bear children have a history of school failure that is evident as early as third grade.
- Many third graders who perform poorly and/or exhibit behavior problems that interfere with learning entered school unprepared to handle the work of the primary grades -- in other words, with developmental lags.
- Many non-productive, non-contributing adults dropped out of high school, committed delinquent acts, and/or had children during adolescence.

Over the last two years, at least nine national reports from a variety of interest groups have documented the plight of school-age children whose families have not equipped them for schooling. A common theme unites many of the reports: a need to intervene early and change things from the start (National Governors' Association, 1987; Research and Policy Committee , 1985; Educational Commission of the States, 1987).

In spite of all the rhetoric about intervening early, the development of effective policy has been painfully slow. It is within the context of providing such a framework for moving from rhetoric to action that the Technical Team for the Early Learning Years offers this paper on young children at risk. Four questions are central in the development of a framework for action:

- *What are the developmental characteristics of children during the early learning years?*

- *What environments will support or disrupt the healthy development of children during the early learning years?*

- *How do we define and identify young children at risk of future school failure?*

- *How can we prevent young children from becoming at risk of school failure?*

It is with the knowledge that things can be different that the technical team studying the early learning years presents insights and information for the Commission to consider in determining how to change the future for young children who are growing up in families, schools, and care facilities that may place them at risk.

CHARACTERISTICS OF EARLY LEARNING YEARS CHILDREN

During the course of childhood development, increasingly complex stages unfold. Each stage is an outgrowth of the one preceding it and, in turn, a foundation for the one that follows. Each stage encompasses specific developmental competences. The extent and timing of their acquisition during childhood predicts a child's competency in later years.

What are the developmental characteristics of children during the early learning years?

Childhood comprises three distinct stages: infancy and toddlerhood, (from birth to age three); the preschool period, (from ages three to six); and the primary period, (from ages six through nine). Mastering the critical developmental tasks of these stages depends upon how well the basic needs of each stage are met. These needs are the same for all children, regardless of their physical characteristics or family circumstances.

Infancy and Toddlerhood

Newborns enter the world motivated to learn. If things go well they exit from toddlerhood three years later with all the basic skills and dispositions they need for communicating, coping, and problem solving. They learn how to move, how to make sounds, how to give meaning to experience, how to respond to things, and how to relate to other people.

Like learning to walk and grasp, acquiring language is a benchmark of the period. Through the process of being talked to and associating words with vital emotional experiences, infants develop the motivation to use language. Gradually, random sounds are structured into language. At three, for the first time, children talk with and not just to others.

Perhaps the most significant occurrence in infants' first year of life is learning to mimic the degree of love they receive. As they learn more about the world and develop memory, they begin to form definite images of persons who have satisfied their needs. When this happens, infants begin to love. From this love relationship emerges security and trust.

The coalescing of motor and language skills with the ability to organize and make sense of experience results in children's awareness of self as a separate entity. They realize that they can have an impact on their own lives and on the world they live in. They take matters into their own hands, assert their will upon the world and act independently. In the process of defining the boundaries of the self, children move from vulnerable newborn babies to self-reliant and autonomous three-year-olds.

Three- to Six-Year-Olds

Well-adjusted three-year-olds enter the preschool period confident and secure. By no means finished products, they have acquired capacities, talents, and distinctive styles of coping with demands (Bronfenbrenner, 1979). They are well-defined persons with clear attitudes about themselves and others.

Between the ages of three and six, motor activity becomes more purposeful. While three-year-olds primarily move for the sake of movement itself, five-year-olds move in order to accomplish a goal (Hamburg,1987). Coordination becomes sufficiently refined for them to hold a crayon or a pencil. This, in turn, enables them to experiment with print.

During this period, children begin to master most forms, rules, and sounds of language. In direct conversation with other children, they use and practice the art of verbal give and take. The reciprocal nature of language becomes clear.

A major intellectual task of the preschool period is the facility to manipulate symbolic thought (Elkind, 1986; Erikson, 1963). Time and space take on special personal meaning.

Six-year-olds are able to plan and to take greater responsibility for the outcomes of their actions. With this initiative they develop the drive and motivation to establish what kind of persons they will be. They struggle to balance what they want with what others want. These experiences begin to form the pattern of emotional responses that structure their self-concept (Hamburg, 1987). During this period, children are especially vulnerable to the attitudes and behaviors of those around them. They grow to see themselves as they think others see them.

The final significant task of the early years is the development of conscience. Taking their cue from adult reaction to their behavior, these young children gradually internalize a sense of 'good' and 'bad', 'right' and 'wrong'. They learn to value behavior that brings approval and avoid behavior that brings disapproval and punishment. Society approves of the six-year-old whose rules for living cooperatively match society's norms (Shedlin, 1986).

School-Age Children

Children between six and nine re-orient themselves from the limited world of home and family to the larger domain of school, community, and friends.

Although primary grade children learn few new motor skills, they refine and combine those they already have. Visual acuity and eye-hand coordination are important developmental tasks for this period. Both are critical for reading comprehension.

Around the age of seven, children enter the age of reason. With appropriate experiences, logical thinking becomes possible and then dominant. Children become flexible thinkers. Instead of imposing meaning on experience, for the first time they derive meaning from it. Now they can accommodate themselves and their ideas to the norms and ideas of society.

A sense of industry develops as children become internally motivated to master all that is expected of them and all that they expect of themselves. Along with industriousness comes sensitivity to criticism. School-age children worry incessantly about whether they can accomplish

all that they are expected to accomplish . They learn how to cope with transient social relationships and how to submerge part of their personal identities as interests in peers increases.

By age 10, well-adjusted children have emotionally adapted to society's demands without compromising their identities.

Summary: Ingredients for a Successful Childhood

To master the developmental tasks of the early learning years, children need their physical, emotional and social needs satisfied. These needs are the same for all children, regardless of their family circumstances. Critical ingredients required for a successful childhood include:

- Attention, love, and emotional support from responsive caregivers who temper high expectations for their developmental attainments with realistic considerations of their developmental limitations (Bronfenbrenner, 1979; Glasscote & Fishman, 1974).

- Adequate rest, nutrition, exercise, and health care that includes screening, diagnosis, treatment, and follow-up for physical as well as psychological conditions.

- Protection from physical and psychological threats and abuse; to grow up in hazard-free environments where discipline is rendered in ways that facilitate rather than jeopardize healthy development.

- Stable, predictable, and structured environments with clear and consistent rules, freedom within limits, and responsibility commensurate with the ability to handle it.

- Play, interaction with people and things, and encouraging guidance in becoming competent thinkers, communicators and problem solvers.

- Socialization into the culture of literacy through a diversity of experiences leading to the acquisition of language as well as the social knowledge needed to use and understand print.

- Adults who talk, listen and read to children, tell them stories, and answer their questions.

- Positive role models and the inculcation of dispositions and values that promote success in school and later life.

- Service providers who collaborate with parents when they share with them in rearing their children.

Children who receive the ingredients vital to success during childhood have a low probability of developing into a youth at-risk of school failure.

ENVIRONMENTS THAT SUPPORT HEALTHY EARLY LEARNING YEARS DEVELOPMENT AND PREVENT SCHOOL FAILURE

Ninety-eight percent of our nation's children grow up in some form of a family structure (Kensiton & The Carnegie Council on Children, 1977). What they become, therefore, is largely determined by the way they are treated and reared by their families from the moment of birth (Henderson, 1987). Families, however, are immersed within society. Demographic, economic, and social forces, including school, affect them in ways that constrain or promote their efficacy. While the private inner world of families is a significant predictor of children's life chances, external forces are significant predictors of what families can offer and be. Family and society operating in concert create circumstances that ultimately determine the balance between childhood risks and rewards.

What environments will support or disrupt the healthy development of children during the early learning years?

Healthy childhoods unfold in home environments characterized by security, stability, cohesiveness, structure, and consistency. Children with self-esteem, motivation, and feelings of competence -- the psychological dispositions critical to success in school and life -- have parents who hold them in high regard, respond to their changing moods and needs in positive ways, and offer unconditional love, nurturing, and understanding (Gordon,1970; 1971). Children who begin school with the conceptual bases critical to achievement and mastery have parents who also interact with them verbally, are attentive to them, and offer intellectual stimulation (Hess, 1969). Table 1 summarizes the factors within home and family that support or disrupt development during childhood..

Table 1: Factors Within the Family that Support or Disrupt Development

Supporting Factors	Disruptive Factors
Parental warmth, availability, and responsiveness	Parental indifference or neglect
Positive regard for children	Psychological and verbal abuse
Stability and predictability	Absence of routine; homelessness
Clearly defined rules with reasonable consequences	Arbitrary rules with harsh punishments
Substantial parent-child interactions	Limited parent-child interactions
Pressure for independence and self-reliance	Overprotection
Homes that emphasize education, learning, and positive values	Home climates that do not value or involve children in the culture of literacy and positive values
Physically and mentally healthy parents	Parents who are chronically and seriously ill
Home and community models of responsible adulthood	Inappropriate adult models
Economic viability	Poverty

Children who thrive are born of individuals who are willing and able to assume the responsibilities of parenting. Individuals who do not have their own lives under control, or who are ill-equipped to take control of the lives of their offspring, can create serious trouble for children. Early deprivation of affection and attention, early threats to one's sense of self and security, and early experiences of inadequacy and failure damage children's later ability to cope with the expectations of school (Gordon, 1971). Teenage parents, "undereducated" parents, parents who are mentally ill, and parents who are addicted to drugs or alcohol are least likely to possess the know-how or inclination necessary to ensure that their children experience happy, healthy childhoods.

The Family

The traditional American family -- if it ever existed, consisting of two parents and two children, with mother as full-time homemaker and father as breadwinner -- is becoming extinct. The contemporary family has fewer fathers in the home and more mothers as the sole support of their children. This is partly due to an increase in divorces and partly due to an increase in out-of-wedlock births in proportion to all births. Also increasing is the number of births to women who have not yet reached maturity. Maryland Committee for Children statistics show that:

- From 1965 to 1985 the number of divorces increased 131 percent.
- In 1987, 31 percent of all births were to unmarried women. Fifteen percent of all white women who gave birth were unmarried; 62 percent of all black women who had babies were unmarried. The highest proportion of out-of-wedlock births was in Baltimore City (62 percent), Dorchester County (44 percent), and Somerset County (46 percent).
- In 1985, 18 percent of all unmarried women who had babies already had three children.
- In 1986, 21 percent of all families with young children were headed by single heads-of-household.

Children who grow up in families in which mother is the head of the household are far more likely than children living in intact families to spend at least part of their childhood in poverty. Longitudinal data indicate that 93 percent of all children living in families headed by a single parent can expect to live in poverty. This compares to 20 percent for children who spend their childhoods in two-parent families (Berlin & Sum, 1988). Coming from a mother-only household and spending a major portion of childhood in poverty have severe consequences for children's future school performance and for their prospects for economic independence as adults (Garfinkel & McLanahan, 1986). In Maryland in 1984, while only nine percent of all families were living in poverty, 29 percent of all families headed by women were doing so. The median income for a white family headed by a female ($18,544) was only about half of that of a two-parent family ($35,519). Among blacks, the median income of a family headed by a female ($11,482) was only about one-third of that of a two-parent family ($33,621).

Forces Affecting the Family: Poverty

Of all age groups in America, children are the most likely to be poor. In 1974, nearly 30 percent of America's youngest children lived in families existing below the poverty level. An additional five percent of all preschool children had parents with income levels slightly above the poverty level. In 1976 this prompted the National Academy of Sciences to recommend that, in

order to enhance child development, every American family must be ensured income sufficient to enable parents to meet the basic developmental needs of their children (Pilling & Pringle,1978). However, in 1980, the poverty rate among preschool children was six times that of the aged (Schorr & Schorr, 1988). Among black and Hispanic children, nearly one out of every two were living in poverty (Petit, 1988).

Poverty attacks every dimension of a family's well-being. It takes its greatest toll on young children who are totally dependent on others for the satisfaction of their basic needs. Almost all data support the fact that children's health, education, and future productivity depend heavily upon the economic status of their families (Research, Demonstration, and Evaluation Division, 1980). By virtually every standard, poor children's health, in particular, suffers dramatically (see Table 2).

Table 2: Health Care Factors that Support or Disrupt Development

Supporting Factors	Disruptive Factors
Access to prenatal, neonatal, and child health care	Lack of care during pregnancy
Preventive primary and specialized health care services coordinated through a single resource and referral network	Parental difficulties in accessing medical services; absence of a resource and referral network
Early periodic and comprehensive screening for health and medical problems; diagnosis and treatment	Lack of access to affordable, high-quality child health care that includes periodic screening, diagnosis, and follow-up
Early diagnosis and treatment of behavior-related problems, particularly for children living in families with histories of substance abuse or physical/sexual abuse or martial discord	Medical services that do not treat the whole child and/ or neglect to identify the environmental factors that could lead to long-term difficulties
Continuous and consistent care for the critically and/ or chronically ill	Diagnosis of a health/ medical problem without tracking to ensure that appropriate services are received
Family support in managing and coping with a child's health problems through counseling, education, and visiting nurse or social worker programs	Absence of a school nurse and family outreach program

Women living in poverty are three times less likely than other women to receive prenatal care (Ventura, 1975). In Maryland during 1988, the Pregnant Women and Children's Program (SOBRA), a federally funded program to extend health care to the working poor, served only half of those eligible by federal guidelines (Maryland State Department of Health and Mental Hygiene, 1989). Black women, who are more likely than white women to be poor, are only half as likely to receive prenatal care.

Inadequate prenatal care results in low-birthweight infants. In 1985, of 67,985 children born, almost 8 percent had low birthweights. This included a 5 percent rate for whites and a 13 percent rate for Blacks. The highest percentage of low birthweight babies born to non-whites was in Queen Anne's County (20 percent), Caroline County (19 percent), and Carroll County (18 percent) (Maryland Center of Health Statistics, 1985).

Low-birthweight babies are almost 40 times as likely as normal-birthweight babies to die in the first month of life. There is every likelihood that those who survive will need costly neonatal intensive care for two to three months following birth. The likelihood is additionally high that they will need re-hospitalization within the first year of life. Such institutionalization interferes with the bonding between mother and child that is essential to human growth. Statistics tell us that disastrous consequences for low birthweight babies extend far beyond the period of infancy. Low birthweight babies are 40-45 percent more likely than normal birthweight babies to exhibit later learning disabilities, including impaired intellectual functioning, attention deficit disorders, developmental delays in language, and abnormal psychosocial adjustment (Schorr & Schorr, 1988).

Children born into poverty are more likely to have medical illnesses and more likely to suffer adverse consequences from them (Petit, 1983). Illness, when it occurs, is more severe among poor children. Twice as many poor children than non-poor children are anemic; three times as many have severely impaired vision; and significantly more have hearing disorders (Starfield, 1982). Poor children are 20 times as likely as non-poor children to be unable to attend school because of illness.

Many families cannot obtain the quality of care their children need to have their health problems diagnosed and treated before they get out of hand. For example:

- Little attention is given to the nonmedical influences on health such as family disorganization and dysfunctioning. Physicians focus on treating the immediate problem and overlook factors within the family that result in long-term social-emotional problems and/or learning problems in school.

- Services are fragmented in terms of providership, location, and hours of availability. No single agency is usually responsible for providing continuous comprehensive care. There is then no guarantee that children benefit from the individualized services they need or receive.

- Reimbursement policies reward high-technology procedures and offer little incentive for providing routine preventive health care and educational activities that teach parents how to become more responsible users of the system. Many parents never know when to call a doctor, when to take a child to the emergency room, or how to detect or treat routine childhood setbacks.

Poor children are far more likely to be hungry. Malnutrition, including undernutrition, obesity, and dietary imbalance, alters children's responsiveness, motivation, and emotional adjustment. This gives rise to apathy, reduced curiosity, and distractibility. Considering the number of federally subsidized food programs, including food stamps, supplemental food packages, and the school breakfast and lunch program, one might assume that our state has resolved the problems of its hungry children. This is not the case. According to a 1988 report by the Maryland Food Committee, children make up the largest population of families using food pantries. A survey of 40 percent of 30,000 people who used food pantries over a two-month period revealed that 41 percent were between the ages of three and 18 and another 7 percent were under the age of three. One of the many reasons that so many poor children still live in hunger is that the Women, Infant and Children's Program is able to serve only 40 percent of all Marylanders who are eligible according to federal guidelines (Maryland State Department of Health and Mental Hygiene, 1989).

Poor children are least likely to have a stable home environment. In Maryland in 1988, 5,500 children were homeless (Maryland State Department of Education, 1990). In 1987,

approximately 9,800 families, many with young children, were served by shelters for the homeless (Family Services Division, Maryland State Department of Human Resources, 1988). This figure does not include the number who were turned away, or the "hidden homeless", those who are quadrupled up in residences intended for a single family. An additional 377 children of migrant workers lived highly transient lives.

Nationwide, poor minority children are placed in foster homes in disproportionate numbers (Knitzer, Allen & McGowan, 1978). Poor minority children are more likely than their white counterparts to remain in the care of the state without being returned to their families or adopted (Keniston & Carnegie Council on Children, 1977). Currently, approximately 5,400 children are in foster care in Maryland. Over half of these children are from Baltimore City (Maushard, 1988).

Forces Affecting the Family: Social

The basic assumption that a family is or should be self-sufficient in meeting all its children's needs is a myth. For the last two centuries, the traditional functions of the family -- to protect, nurture, educate, and care for children, sick and otherwise -- have gradually been turned over to institutions and technical experts outside the home. Most American children now spend the better part of their waking weekday hours in the presence of individuals other than their parents -- e.g., child care workers, teachers, and peers (Keniston & the Carnegie Council on Children, 1977). The important role parents play is in choosing, monitoring, and coordinating the myriad of individuals who provide services to meet their children's needs.

Economic necessity dictates that the family rely on society to fulfill the functions the family itself once assumed. Women are forced into the workplace by single parenting, an economy adjusted to the standards of living of families with two incomes, and the decrease in the overall purchasing power of families. The typical American child now lives in a family with mother as wage earner. In Maryland in 1986, seven out of every 10 women with children under the age of 14 were in the labor force (Maryland Committee for Children, 1987).

While families are no longer expected to fulfill all their children's needs, they are responsible for ensuring that their needs are met by others in ways that are conducive to healthy development. The extent to which parents can fulfill these assurances is dependent upon the choices they make. Parents who make or must make unwise choices place their children in health care systems, day care facilities, preschool programs, and schools that can be more harmful than beneficial.

Many families have only a limited range of choices. In some cases, they have no choice at all. They must rely on services that are accessible, affordable, and available to them. Parents, then, are often denied the right to use their expert knowledge of their own children to place them in the best possible hands. Without choices, they must often rely on people or programs they would not otherwise choose.

Forces Affecting the Family: Child Care

The scarcity of affordable and accessible child care is one of the major social crises of the decade (Zigler, 1987). A recent survey conducted by the Maryland State Department of Education on the age of school entry indicated that parents in Maryland view child care as a pressing need. Among 3,500 parents who responded to the survey and provided written comments, affordable child care was one of their top six requests (Maryland State Deparment of Education, 1988[2]). The child care statistics for Maryland also pinpoint an urgent need for childcare. They show that in 1986:

- There were only half as many child care programs as needed to satisfy working mothers' demands.

- Registered child care centers and homes had 73,000 slots, but more than 400,000 children ages 15 and under had working mothers (Rood, 1989).

- Child care was available to only 3,500 of the 13,160 infants under the age of one whose mothers were in the labor force.

- Since, by regulation, child care providers are not allowed to accept sick children, there is no system of respite care for children who are occasionally ill.

Unaffordable or unavailable care prevents parents from improving the circumstances of their families and their own lives. In the absence of child care, children below 13 are frequently left on their own to fend for themselves or to care for even younger siblings. Unsupervised children are subject to a myriad of potential dangers well beyond their maturity to handle. They are susceptible to psychological dysfunction resulting from obsessive worry, fear, and loneliness. Bored and lacking guidance, they sometimes roam the streets, find questionable role models, and encounter experiences inappropriate for their age. Unsupervised children are the children most likely to become truants, vandals, and delinquents (Bender, Flatter, & Elder, 1984).

> People have got to realize that there is a connection between leaving children unsupervised after school and such problems as teenage pregnancy, juvenile delinquency and the use of drugs. We are really perpetuating these problems if we do not provide adult supervision for children and allow them to socialize themselves and each other. Children should be in the care of adults. They don't have the cognitive wherewithal or the experience to socialize themselves (Zigler, 1987).

Children who are left regularly during the day to supervise themselves are called "latchkey children." Although the number of latchkey children under the age of six is growing, most are school-age. Nationwide, the number ages 13 and under is estimated at a low of 2.5 million to a high of nearly 15 million. Even conservative estimates put the figure between 5 and 10 million (Long, 1983). In Maryland it is estimated that only about 2 percent of 400,000 children ages 5-14 are in regulated after-school care.

Child care is as much a problem of affordability and quality as of availability. Where available, quality child care is often a privilege only those of substantial means can afford (Zigler & Ennis, 1988). Others afford it at great cost, frequently lowering their family's overall standard of living. In 1986, Maryland single parents spent up to 30 percent of their annual income on child care. It was their fourth largest expense following housing, food, and taxes. For all Maryland families the average weekly cost of child care was approximately $50 per child. For parents earning only a minimum wage, child care costs reduce the benefits of going to work outside the home.

Poor quality care compromises the optimal development of young children (Zigler, 1970; 1987). It warehouses rather than nurtures them; neglects their physical, social, emotional or intellectual needs; provides an unsafe environment; and has high caretaker-child ratios. In contrast, high quality care is provided in a hazard-free facility by competent, well-trained, and responsive caretakers. High quality care has low caretaker-child ratios and attends to children's total development, including their need for food, rest, affection, play, and social, verbal, and intellectual stimulation. High quality care is expensive. Unregulated and unlicensed facilities cannot guarantee parents that they are of high quality. In 1985, two out of every three Maryland child care facilities

and arrangements, including child care centers, play groups, shared care, sibling care, in-home care, and informal care, were unregulated and unlicensed (Maryland Committee for Children, 1987).

The evidence is that, like health care, a two-tiered system of child care exists with quality being in proportion to parents' ability to pay. Children already at risk by virtue of living in single-parent families and families with little money are most likely to receive care that is marginal or inadequate. It is the only kind of care their parents can afford. According to Zigler and Ennis (1988), the long-range implications of such a two-tiered system are ominous. As affluent and impoverished children become adults, the consequences of their different pathways through development set them on markedly different path as adults.

The School

The Committee for Economic Development (1987) and Carnegie Forum on Education and the Economy (1988) have both called for education that produces self-directed and goal-oriented adults. If children are to grow into responsible, self-disciplined, self-motivated learners with problem-solving skills, then schools must provide them ample opportunities to practice independence, self-direction, and personal accountability. Interestingly, because of the nature of young children's intellectual development, active, self-initiated, self-directed, and self-evaluated learning activities are exactly what they need to succeed in school (Schweinhart, 1985; 1988).

Preschool Programs

To care for children is to educate them. While education is an integral and necessary component of high quality child care, many parents who do not need child care are enrolling their children in preschool programs whose primary goal is education. In 1984, 49 percent of mothers who were not in the labor force enrolled their children in some type of early childhood education program (Schweinhart, 1988). As with health and child care, however, the evidence indicates that children of the poor are shortchanged. Census figures show that in 1985, 75 percent of children from families with incomes over $25,000 were enrolled in a preschool program by age four. This compared to only 33 percent of children from families with incomes of less than $15,000 (Fiske,1986). Furthermore, minority children, who are also more likely to be poor, were disproportionately enrolled in custodial care, while white children were more often enrolled in programs with a substantial educational component. In Maryland in 1987-88, fewer than half of 388,390 zero- to five- year olds were enrolled in early childhood education programs or child care with a substantial educational component. The statistics on the state's zero- to five-year-old children indicate that:

- 21 percent were enrolled in public or nonpublic preschool programs.
- 17 percent were enrolled in public or nonpublic kindergarten programs.
- 13 percent were enrolled in center-based care.
- Of the 21 percent enrolled in public or nonpublic preschools, only 2,804 four-year-olds were enrolled in public prekindergarten programs specifically targeted to serve the disadvantaged.

The push for preschool education may have its roots in economic and demographic changes that have resulted in an increasing need for out-of-home care, but the trend has also been propelled

by evidence that early education can make a positive difference in the lives of disadvantaged children. For two decades, researchers from the High/Scope Foundation tracked 123 children from impoverished backgrounds who participated in the Perry Preschool Project in Ypsilanti, Michigan in the 1960s. They found that alumni of the program graduated from high school and went on to jobs or further education at nearly twice the rate of nonparticipants in a control group. The preschool program, the researchers concluded, gave participants a greater sense of confidence and control of their environment, qualities that led to higher expectations and better longer-term performance (Schweinhart, Weikart, & Larner 1986).

Preschool education can make a difference in the lives of children, but doesn't always. Low quality preschool education, like poor quality care, can have damaging outcomes. Programs that are formal in nature, focus on the acquisition and rote learning of discrete academic skills, overemphasize teacher-directed instruction, and compare children on the basis of their academic performance, transmit "learned stupidity" (Katz,1988). Such preschool programs make children dependent on others for their sense of self-worth (Elkind, 1986). In the long run, they jeopardize children's future academic achievement, increase the incidence of maladjustment and stress, and lead to a higher incidence of juvenile delinquency in adolescence (Moore & Moore, 1974; Schweinhartt & Weikart, 1986).

High quality preschool programs that promote children's interest in learning, trust in adults, sense of self-worth, and independence have low teacher-child ratios, developmentally appropriate curricula, and close connections with the home. They ensure the health and safety of children and hold themselves publicly accountable for achieving their stated goals. Their characteristics are further described in Table 3 below. The same characteristics apply to day care programs.

Table 3: Factors in Care and Preschool Programs that Support or Disrupt Development

Supporting Factors	Disruptive Factors
Attention to total development	Focusing on specific aspects of development
Warmth, caring attentiveness	Insensitive and unresponsive adults; lack of nurturing, warmth, respect, and affection
Verbal, responsive involvement with children	Absence of verbal interaction and involvement
Environmental stimulation; toys, educational materials, literacy experiences	Sterile environment with few toys, educational materials, or equipment
Daily opportunities for play and social interaction with peers and adults	Inadequate planning and scheduling, few opportunities for first-hand involvement with materials and peers
Child-initiated learning	Excessive teacher-directed instruction
Attention to physical needs	
Home-school communication	Lack of parent involvement and support
Stable environment with predictable routines	
Low child-staff ratio	High caregiver-child ratio
Competent, well trained and supervised staff	Lack of supervision and staff unknowledgeable about child development
Respect for individual and cultural differences	
Heterogeneous program enrollment and grouping within programs	Lack of developmentally appropriate curriculum
Safe and hazard-free environment	Unsafe physical environment
Accountability	Lack of accountability

Standards of quality in early childhood programs have been well defined. The National Association for the Education of Young Children (NAEYC) has developed a set of criteria that describe how any good program should look, feel, and sound (NAEYC, 1986). The Maryland State Department of Education also has developed a set of standards for assessing quality in public school prekindergarten programs. Both sets of standards have existed since 1985 and both organizations give formal recognition to programs that meet their respective criteria.

In Maryland, there is not a great deal of evidence to indicate that preschool providers can ensure parents of high quality programs. As of September 1988, most parents who enrolled their children in preschool enrolled them in programs of unknown quality. The statistics indicate that:

- Only 29 preschool or child care programs of any type had pursued and received NAEYC accreditation; 17 of these were public school prekindergartens.

- Only 18 public school prekindergarten programs had pursued and been validated against standards established by the Maryland State Department of Education; only 11 are currently in the process of being validated.

Elementary Programs

The primary grades of school are of supreme importance in the lives of children. Children spend approximately 4,500 hours in these grades, more time than they will ever spend in high school (Shedlin, 1986). Their primary grade experiences not only shape their first and lasting view of themselves, but also, diminish or increase their possibilities for success in later grades and in school as a whole (Bennett, 1988).

According to many educators as early as Pestalozzi and Froebel, children learn through exploration, experimentation, "play" at real-life experiences, and the manipulation of materials (Morrow, 1989). As they interact with materials and people in the world around them, children construct, revise, and refine their knowledge and understanding. Developmentally appropriate programs provide a rich, stimulating environment in which children can direct their own learning, at their own pace, through interaction with their peers, the exploration of materials, and the finding of solutions to practical problems.

Each child's learning experience is important and unique. If we subscribe to the basic developmental premise that all children are learners who can and do learn, then there should be few failures among young school-aged children because schools can make modifications in programs based on developmental needs. However, findings suggest that the primary grades in Maryland's public schools are placing large numbers of children at educational risk through school failure. For example, in 1987-88, 39 percent of all first through third graders in Baltimore City were retained in their respective grades. In a recent survey, Maryland parents, teachers, and administrators expressed concern over the large numbers of chronologically younger, developmentally less mature children -- especially boys -- who are not meeting with success in the early grades of school (Maryland State Department of Education, 1988). Further, in another survey conducted by the Maryland State Department of Education (1987 [1]), 69 percent of kindergarten through third grade teachers who responded agreed that children from poor families usually achieve at lower levels than their more advantaged peers.

According to Asa Hilliard (1974), many of our collective beliefs about education are erroneous. We have created structures that try to adapt and change children who do not fit the

school . Only recently have a myriad of professional organizations recognized the need to restructure the schools to fit the children. As the National Association for the Education of Young Children (1988) wrote:

> It is the responsibility of the educational system to adjust to the developmental needs and levels of the children it serves; children should not be expected to adapt to an inappropriate system (page 16).

Some of the most prevalent weaknesses of the primary grades that conspire to undermine children's chances for success include entrenched curricular practices, inequitable educational resources, inappropriate school organization and management, restricting assessment policies, and cultural discontinuity. However, the process of schooling is comprised of an almost infinite set of complex and interacting variables. Any number of these can set children on a course of low expectations, hopelessness, and failure. Table 4 identifies many of the important school variables that impede or facilitate learning in the early grades of school.

Table 4: School Factors that Support or Disrupt Development

Supporting Factors	Disruptive Factors
Well trained, stable and committed staff that collaborates across grade levels to support student achievement	High staff mobility and staff that is not certificated in early childhood education; lack of administrative support or time for collegiality
Careful attention to student placement and pacing at each grade that results in continuous learning	Duplication of learning across grades, over-reliance on teacher- determined pacing
Heterogeneous grouping	Homogeneous grouping; large group instruction
School organization that acknowledges, respects, and responds to differential maturation rates	Threat or reality of failing, being retained or placed in transitional classes
Safe, orderly, and caring environment	Unsafe, uncaring, or disorganized environment
School-based, data-based decision-making and school-by-school accountability	Random decisions based on assumptions rather than school-based, data-based findings
Home-school cooperation	Minimal home involvement and cooperation
Collaboration with community agencies to support the total ecology of the child	Fragmented delivery of services to individual children and/or their families

Curricular Practices

Developmentally appropriate curricula in the primary grades may assist children in meeting early school success. On the other hand, curricula that are developmentally inappropriate may predispose children for school failure. Developmentally inappropriate curricula are programs of study and/or methods of teaching and learning that are a) incompatible with the intellectual, personal, social, or physical characteristics or capabilities of six- to nine- year olds or, b) in conflict with the growth pattern, personality, learning style, or home/cultural background of individual children (NAEYC, 1987). Table 5 identifies many of the important curricular variables that impede or facilitate learning in the early grades of school.

Young children learn holistically, not by isolated skills. For example, they learn the forms of reading and writing through the process of reading and writing to accomplish a self-determined goal. Learning the basics begins with understanding their function and benefits and with a need to use them to get something else done (Shuy, in Smith,1986).

Table 5: Curricular Factors that Support or Disrupt Development

Supporting Factors	Disrupting Factors
Recognition of and respect for individual and cultural differences	Nonresponsiveness/insensitivity to cultural or individual differences
Attention to and support for the total development of the child through basic and supplementary educational programming and pupil services teams	Narrow focus on "academic" or intellectual development and skill teaching
Integrated curriculum with developmentally appropriate curriculum expectations	Fragmented curriculum; segmented day; expectations that do not match developmental capabilities
Balance of child-initiated, teacher-facilitated, and teacher-directed learning	Overemphasis on any one method of learning; over-reliance on direct instruction
Interactive, experiential and relevant learning	Passive and/ or rote learning; over-reliance on pencil and paper tasks, and "skill and drill"
High expectations for all children	Different expectations for children
Inservice training for and supervision of staff	Lack of teacher supervision limited to inservice opportunities
Low child-staff ratio and class size appropriate to the age level	High child-staff ratio or large class sizes
Use of written program standards and self-study to assess program quality	Lack of program standards and program assessment
Assessment based on teacher observation and/daily performance; appropriate but cautious use of formal assessment instruments	Misuse/abuse of assessment tools and/ or assessment results

The emphasis on mastery learning, "back to basics," and "excellence" has pressured many schools and school systems into defining learning as the acquisition of an infinite number of hierarchically sequenced, discrete skills (Manning, Manning, Long & Wolfson, 1987). Children are often isolated from the learning situation by fragmented curricula emphasizing skill acquisition to the neglect of learning processes that are involved in extracting the critical motives, goals, and conditions of learning (Teale, 1982). Such curricula are in direct contradiction to the way young children learn. Still, findings suggest that many schools in Maryland use skills-driven, part-to-whole curricula.

- 72 percent of all kindergarten through third grade teachers who were questioned indicated that their school system's curriculum was organized as a hierarchy of skills.

- 65 percent of all kindergarten through third grade teachers who were questioned indicated that their school system's reading/language arts curriculum was skills-based (Maryland State Department of Education, 1988 [2]).

Other instructional methods that provide difficulties for young children include learning through whole group activities, total group discussions, paper and pencil tasks, and silent engagement with workbooks, dittos, and board assignments (NAEYC, 1988). Findings indicate that this kind of passive learning, however, characterizes the learning environment of the primary grades in many of Maryland's public schools.

- 78 percent of teachers indicated that their young students spend much of the school day listening to and following directions.

- 34 percent indicated that their students had many opportunities to plan their own learning.

- 40 percent indicated that their students had many opportunities to choose their own materials for learning.

- 55 percent indicated that most of the activities in which their young students engaged were pencil-and-paper based (Maryland State Department of Education, 1988 [2]).

Inequality of Resources

Children are placed at risk when the institutions designed to enlighten them are of inferior quality. As with health care, out-of-home care, and preschool education, the findings suggest that a two-tiered system of education has developed in this country. In this system children who already suffer the consequences of living in a broader environment that fails to meet their basic developmental needs also bear the consequences of attending schools that lack the human and material resources necessary to assure them an equitable and high level of public education (Task Force on Black Academic and Cultural Excellence, 1984).

Almost half of Maryland's disadvantaged children attend school in Baltimore City. Baltimore City, along with Somerset, Garrett, and Caroline counties, has a school system that is predominantly poor with limited resources. This was the conclusion of an Abell Foundation report recently reviewed in the Morning Sun papers (Lally, 1989). According to the report, children in poor Maryland communities do not receive the same quality of education as those in wealthier communities. In fact, over the last 10 years disparities in educational funding have actually grown worse. The way the state aid formula works, school systems with the most resources get more; those with fewer resources get the least .

Organization and Management

The organization and management of schools need to promote the achievement among children unprepared to learn by traditional methods of teaching (Comer, 1986-1; 1986-2; 1987). First, schools need to depict learning as more than a mechanical process of inculcating knowledge and skills. Schools should develop the motivational and social skills that children need to succeed. Secondly, schools need to operate in ways that encourage staff to collaborate with each other and with support personnel to create a climate of high expectations and support for student success. Finally, schools need to involve parents meaningfully in both the education of their children and the affairs of the school. Parents, sensing that they are excluded or ignored, send mixed messages to

their children about school. Among minority and poor children, these messages weaken the already fragile link between home and school and result in parents unintentionally condoning children's poor performance (Silverstein & Krantz, 1975).

Among 159 kindergarten-through-third-grade teachers in Maryland who responded to the State Department of Education's policies and practices survey:

- 22 percent indicated that their schools had a plan for home-school cooperation that was clearly stated in writing.
- 13 percent knew their school's objectives for home-school cooperation or the activities in which they should be engaged to meet the objectives.
- 18 percent indicated that they were involved in carrying out the school's plan for home-school cooperation.
- 3 percent indicated that the effectiveness of the plan was evaluated.

Assessment and Grouping Practices

A number of questionable assessment and grouping practices have resulted from the downward push of the curriculum and the upward push to get younger and younger children to learn more and more. These practices affect children when they begin kindergarten or first grade. They result in many children failing before ever being given the opportunity to succeed.

Developmental screening and readiness tests in particular are being misused and abused with increasing frequency (Meisels, 1987). Although many of these tests fail to meet acceptable psychometric standards of reliability and validity, they are being used to determine the grade level at which a child should be placed or whether a child is ready to begin school at all. Others, such as the Maryland Observational Screening Checklist for Kindergarten, are being used to identify children with potential learning problems. When the tests that are used to make decisions about children are poor by psychometric standards, the results are flawed. The probability of children being misplaced or misidentified is often as high as 50 percent -- the same odds as flipping a coin (National Association of Early Childhood Specialists in State Departments of Education, 1987).

Children with September-to-December birthdates are being denied entrance to, or being discouraged from, beginning school at the grade at which they are of legal age to be placed. Parents of younger or less mature children -- boys in particular -- are being encouraged to keep them home or in preschool an additional year. "Unready" kindergarten children are being sorted out and placed in "transitional" classes that provide activities that are to better prepare students for first grade. Transitional programs exclude young children from wider models of society that education is supposed to bring to them. These extra-year programs, tied to only academic achievement as the measure of student growth, widen the gap between advantaged and disadvantaged youngsters (Schorr & Schorr, 1988). This trend has just begun to affect Maryland's public schools. At least four local school systems are now using transitional classes on a limited basis, and four more have expressed interest in doing so in the near future.

Segregation through ability grouping and retention begins very early in children's school careers. According to 90 percent of kindergarten-through-third-grade teachers who responded to the policies and practices survey, grouping by ability is the norm in the primary grades. This is in spite of the fact that research provides no compelling evidence that young children learn more or better in homogeneous groups (Slavin, 1986). Homogeneous grouping may, in fact, place low-ability children at risk because it deprives them of the examples and stimulation that heterogeneity

affords. Further, it may communicate low expectations that, in turn, lead to self-fulfilling prophecy (Slavin, 1986; Slavin, Karweit, Madden, 1989). Higher-ability children seem to function about the same regardless of the grouping practice.

Like ability grouping, retention isolates young children and does not appear to offer any academic benefits. Research (Gredler, 1984) suggests that retention has negative effects on children's self-concept (Byrnes &Yamamoto, 1984) and attitudes toward school (Shepard & Smith, 1987). Still, the evidence indicates that this least-effective method (Shepard, 1987) is used with great frequency in Maryland's public schools. In 1987-88, 39 percent of all primary grade children in Baltimore City were retained at their grade level. Statewide, approximately, 1,700 prekindergarten and kindergarten children were retained (Maryland State Department of Education, 1989) even though they were not even required by law to attend either.

Cultural Discontinuity

The increasing number of children from diverse cultural backgrounds in our public schools demands that they abandon the notion that all children learn the same thing in exactly the same way (National Association of State Boards of Education, 1988). Education for diversity will require staffs that are culturally representative of the communities their schools serve and knowledgeable about and sensitive to their students' cultural backgrounds. Unless schools become more responsive to the particular needs and strengths of minority children, a large majority of such children, who cannot control their educational environments and who do not shape school policies or set school standards, will continue to feel powerless to aspire to and achieve school success (Hilliard, 1974). Unless schools begin to acknowledge that education is a cross cultural encounter requiring adaptation in policy and practice to reduce dissonance between home and school, minority children will continue to do poorly.

IDENTIFYING STUDENTS AT RISK OF SCHOOL FAILURE

Physical handicaps, malnutrition, inadequate care, poverty, a disorganized family and unresponsive schools militate against children's chances for healthy, happy childhoods and rewarding, productive lives. Indicators such as confirmed developmental delays, poor school performance, and misconduct in school warn early that children are missing out on their just share of competence- and confidence-building opportunities.

How do we define and identify young children at risk of future school failure?

According to the Maryland State Department of Education in its concept paper, "Addressing the Problems of Students At Risk" (1988), students at risk are those who are least likely to achieve the goals of education: to "meet local and state standards for high school graduation" and/or to "acquire the knowledge, skills, and attitudes needed to become productive members of society" (page 5). For every adolescent who meets these criteria, there are numerous young children who start out on a wrong path and never get into position to move forward. Instead of embarking on a self-reinforcing course of high achievement and high self-esteem, they are caught in a downward spiral of poor performance, eroded self-concept, and little hope that school provides entry to a bright and promising future.

Approaches to Defining Students At Risk

There are three approaches to defining students at risk (Bowman, 1988). Definitions can be in terms of individual students, in terms of their environment, or in terms of standards. When the definition is in terms of individual students, physiological or neurological problems like diabetes, epilepsy, hearing and visual impairment, and emotional impairment are included. Such characteristics often hamper children's interactions with the world and people around them and consequently impede their growth and development.

If environment can contribute to risk, then how children are reared can contribute to the likelihood of children being at risk. Environments include the child's first environment, the womb, as well as family, child care facilities, educational institutions, the child's peer group, and the community. For example, being reared in a poor family or living in a community where little English is spoken are contexts that often make it difficult for students to acquire the attitudes, behaviors, and knowledge needed for later success in school and in the world of work.

Finally, students are said to be at risk when they do not meet expected standards at certain ages or stages of development and schooling. For example, birthweight, health status, perceptual and language development, and school achievement -- especially in basic skill areas -- are all standards used to assess children's potential, growth, and progress. It is extremely important, especially for young children, that arbitrary or groundless standards not be used to place them in greater jeopardy or judge them more severely than is necessary. Children can be placed at risk when they are measured by such inappropriate standards. Developmentally appropriate standards

and practices should help to support children's growth and learning rather than to exclude children from opportunities to participate in a rich and challenging environment.

Any effort to reduce the number of youth at risk must include actions that attack the problem when children are in their infancy. The definition of at risk must encompass the period of early childhood, a time when parent-child interactions and family socialization processes predict children's chances for success in school. If many adolescents are to be successful, their problems should be identified and addressed early enough to make a difference.

Children from Zero through Five

Children who fall below Maryland's legal age of required school attendance are at risk if their physical, psychosocial, language and cognitive development is, or has a high probability of being, delayed.

Developmental delays are causes of children's poor performance in the early years of school. When development does not keep pace with chronological age and when the expectations of the early grades are based on chronological norms, serious inequities can result.

Young children who are environmentally at risk may not yet demonstrate developmental delays. However, they may begin to exhibit behavior associated with potential learning problems. They may be classified as 'high risk' on the basis of kindergarten screening. They may be receiving Chapter I services. These children may also belong to groups that statistics show to exhibit a greater incidence of school failure. Probably destined for serious trouble, they need preventive support systems before the trouble becomes so serious.

Children Six through Nine

These are the children who fall into the legal boundaries of required school attendance. They are at risk if they have not made substantial progress in mastering the performance competencies associated with their grade and/or are performing below the standards for their age or grade. Children ages six through nine with established risks may fail a grade or be placed in special education classes, Chapter I, or transition classes. All these children need immediate and intense intervention.

Approaches to Identifying Children At Risk

The importance of identifying at-risk children as early as possible is based on solid evidence indicating that early identification coupled with immediate remediation helps reduce the possibility of subsequent failure (Becker & Gersten,1982; Darlington,1981). A major problem, however, is distinguishing children who are at risk from those who are not. Children who may seem developmentally delayed at age three may experience a growth spurt and be developmentally "normal" by age five. Children who may start off slow in kindergarten may be performing at or above level by the end of second grade. Conversely, children who appear developmentally "typical" and do not experience problems in kindergarten may slowly begin to fall behind as they move through the primary grades of school.

Implicit in the methods used to identify children at risk, therefore, is the caveat that early identification may be subject to a high degree of error (Keogh & Becker, 1973). In addition, each method of identification and labelling has its own set of potentially harmful effects. These problems do not warrant the conclusion that nothing should be done. Rather, they point to the need for

caution in labelling children "at-risk" and for careful consideration of the things that are done to and for children once they have been labelled.

Identification on a Child-by-Child Basis

Children who will exhibit developmental delays and/or difficulty in meeting the expectations of the primary grades of school may be identified on an individual basis. The younger the child the more difficult it is to pinpoint behaviors suggestive of developmental delays and/or later learning problems. Listed below, by age group, are particular behaviors that research has shown to have a higher correlation than others with failure in the primary grades of school.

At-Risk Infants and Toddlers. According to the State of Maryland's Interagency Coordinating Council, infants and toddlers who are at risk exhibit "atypical behavior." Such children are performing 25 percent or more below their chronological age in one or more of the following developmental areas:

- Cognitive development
- Physical development, including fine and gross motor and sensory development
- Speech and language development
- Psychosocial development
- Self-help skills

At-Risk Preschoolers . Preschoolers, including prekindergarten and kindergarten-aged children, who are at risk also exhibit "atypical" behavior indicating that they are performing below their chronological age in the areas of cognitive, physical, language, and psychosocial development and self-help skills. Children who attend preschool programs may be at risk if they exhibit any of the following behaviors:

- Short attention or memory span, distractibility
- Little interest and limited participation in work and play
- Difficulty following directions
- Inability to use precise words to convey ideas (verbal fluency)
- Inability to comprehend the spoken word (receptive language)
- Inability to learn and identify letters and/or numbers
- Frequent errors when printing letters and/or numbers (Simner, 1983; Feshback, Adelman & Williamson, 1974; Perry, Guidubaldi & Kehle, 1979; Wallace & Larsen, 1978)

At-Risk Primary Grade Children.. Once children begin the period of formal schooling, those indicators that predict their current and future school success are more reliable. First through third graders who are at risk may exhibit any of the following academic and/or personal-social behaviors:

- Frequent absences from school
- Poor attention span, distractibility
- Difficulty following directions and/or school/class rules
- Inability to work independently
- Disruptive behavior -- poking, annoying, and disturbing others
- Negative and defiant attitudes
- Indifference and lack of participation in school work

- Failure to complete assignments
- Difficulty in learning to read
- Poor word attack skills
- Poor comprehension skills
- Poor immediate, delayed or sequential memory
- Impatient, rushing into things before listening, reflecting or judging (Spivack, Marcus, & Swift, 1986; Spivack, Cianci, Quercetti, & Bogaslav, 1980)
- Previous retention at grade level

When children are labelled as being at risk, a set of expectancies and differential treatment patterns develops. Adults may expect less from them and provide less encouragement to them. In turn, at-risk children may expect less of themselves. In the end, they may live up to their label (Rosenthal & Jacobson, 1968). These outcomes are particularly damaging in the early years when children are forming their views of self as individuals and learners. Children who grow to believe they are incompetent may exhibit incompetency for the remainder of their school careers.

Identification methods that focus exclusively on children are based on the assumption that the child is "broken" and must be fixed. They ignore the total ecology of childhood that often produces conditions that predetermine the likelihood of developmental delay and unsatisfactory performance in school.

Identification on the Basis of Background Characteristics

History and research have shown that particular environmental circumstances increase the likelihood that children will experience developmental delays and encounter difficulties in meeting the expectations of the initial grades of school. Children may be identified as being at risk if one or more of the following characteristics describe the circumstances of their lives:

- Impoverishment, particularly intergenerational poverty
- Abuse and/or neglect
- Homeless
- Highly mobile, i.e. children and migrant workers
- Black or Hispanic
- Have parents who are alcohol or drug abusers
- Have parents who have not completed high school
- Have parents who do not speak English
- Have parents who are seriously mentally ill
- Have mothers who are both adolescent and single

Identifying children on the basis of their background characteristics has two potentially negative effects. On one hand, it could lead to stereotyping. On the other, it could result in the mis-identification of a large number of children.

Not all poor, homeless, minority, and/or bilingual children are at risk. First, it takes more than a single factor to elicit adverse outcomes (Schorr & Schorr, 1988). Second, as children travel through the diverse social milieus of their childhood, one supportive and stimulating environment may offset the potentially harmful effects of another that threatens their well-being. Finally, children have different constitutional make-ups. Their capacity to respond adaptively and constructively to stressful conditions varies widely (Bloom, Chenye, & Snoddy, 1986).

Constitutional factors interact with a multitude of interdependent environmental circumstances to produce at-risk children. But there is little way of knowing in advance which child will become a victim of his/her environment.

Identification on the Basis of Within-School Variables

Efforts to explain educational outcomes by the intrinsic characteristics of individuals or the groups to which they belong seem to put the cart before the horse. A substantial number of learning problems may be attributed to the interaction of children with their learning environment.

Child characteristics and school variables may be harmonious or discrepant. The issue of which children are at risk has little meaning unless considered within the specific context in which each child functions. A third method of identifying children at risk, therefore, is identifying the causes within a school that disrupt their satisfactory progress (Florida Department of Education, 1986).

Identification on the basis of within school conditions is based on three assumptions. The first is that schools have the responsibility for creating conditions that ensure success for all. The second is that schools that fail children have the obligation of scrutinizing themselves and implementing modifications to change the odds for those they place at-risk. The third is that the factors that place children at risk vary from school to school and therefore must be identified on a school-by-school basis.

Schools that take it upon themselves to identify and correct their own shortcomings follow four steps:

1. Use a combination of objective indicators -- such as norm referenced -- and criterion-referenced tests, retention, and reading levels, as well as subjective indicators such as teacher judgment -- to identify primary grade children who are not meeting expectations.

2. Identify characteristics that targeted children have in common, e.g., that they are predominantly boys, "younger" children, or "behavior problems."

3. Identify factors within the school that are causing children with common characteristics to perform poorly or fail, e.g., teacher expectations, grade-level expectations, teaching methods, school climate, and school organization.

4. Modify the school program to ameliorate the conditions that have already placed some children at-risk and prevent children with similar characteristics from becoming at risk in the future.

Identifying children at risk is risky business for children. Mis-identification, premature labelling, and unwarranted stereotyping often do great harm. Identification that leads to prevention or amelioration of negative conditions is desirable and justifiable. But identification that does not lead to improvements in childrens' school experiences is likely to lead to more disadvantages than advantages.

INTERVENING ON BEHALF OF EARLY LEARNING YEARS CHILDREN AT RISK: A BLUEPRINT FOR ACTION

Children who grow up in families that do not adequately meet their basic developmental needs are likely to become at risk. Their difficulties are further compounded when their families lack access to the benefits available to mainstream families. Remediating the problems that result when children do not get what they need at home and cannot get what they need outside the home is also costly. More money is spent each year to treat their problems than would have been spent on preventing them. During early childhood, therefore, the most effective way to deal with the problem of risk is to **prevent** it.

How can we prevent young children from becoming at risk of school failure?

According to David Hamburg (1987), the first years of life are the "great leverage point for the human future" (page 3). If this is the case, as research has also shown it to be, we need to ensure that young children have all they need to thrive and to realize their potential. **Children**, should be the focus of our efforts to prevent risk during childhood.

However, children grow up in families. Home is the place where their early development unfolds, and family is the context in which their development is supported and sustained. Families are often affected by disruptive forces outside the home. These forces limit their choices and place stress on family dynamics. To ensure that children thrive, we must also assist their **families**.

Preventive Actions

The economic status of the family into which children are born is the single most powerful factor predicting their chances for success in school and later life. To a great extent, the economic status of the family is determined by parents' level of education. It is also determined by the availability of jobs. The first set of actions that must be taken to prevent risk in childhood relates to the economic self-sufficiency of the family:

- All parents or potential parents must obtain a high school education or its equivalency and obtain the vocational skills necessary for gainful employment.

- All parents or potential parents must be able to find a job that offers sufficient income and benefits to enable them to meet their children's basic needs for food, shelter, and health care.

Parenthood can be deeply rewarding but is not easy. Most parents learn how to parent through experience and experimentation. In addition, many parents execute their responsibilities as parents, while simultaneously juggling the demands of work. The absence of adequate child care creates stress for parents and the possibility of harm for children. The second set of actions that must be taken to prevent risk in childhood relates to children's needs for parents who are both adequate providers and nurturers:

- All individuals must acquire the knowledge, skills, and attitudes necessary to function as responsible parents.

- All families must have access to affordable high-quality child care.

- All employers must establish policies that enable parents to take some time out to attend to their children's fundamental needs.

The right to a free public education is the only out-of-family service to which children in this country are universally entitled. Other services are provided on a categorical basis, not by right, but because of our humanitarianism as a nation. Categorical programs often stigmatize the recipients and subject them to extraordinary investigations, requirements, and restrictions. Many families who need support, therefore, do not qualify for or choose to use categorical programs. The third set of actions to prevent risk in childhood focuses on broadening the services to which children and their families are universally entitled:

- All children, regardless of race, sex, ethnic or family background, or disability, must have equal access to high-quality programs and services including health care, nutrition, and preschool education.

- All children, regardless of race, sex, ethnic or family background, or disability, must have equal access to a public school that provides them an appropriate and effective education.

Public Policy Intervention

Public policies to prevent risk in childhood should be aimed at eliminating the negative forces that make it difficult for parents to discharge their responsibilities. Public policy, while supporting parents in raising children, must also ensure that parents have ultimate power as decision-makers. It must enable them to have maximum **control** over raising their children, maximum **autonomy** in managing their family's affairs, and maximum **choice** in determining the services their family needs and the agencies or persons who will provide them.

Public policy should be minimally disruptive to family life. It should provide all that is necessary to prevent or reduce risk in childhood. At the same time it should provide no more than is necessary to allow this to happen (Petit, 1988).

Over time, families vary significantly in their ability to meet or provide their children's basic developmental needs. Most families demonstrate appropriate psychosocial skills, provide adequate environments for children's growth and development, and have the means to obtain services they cannot themselves provide. Public policy should ensure these families **access** to a broad array of services.

Other families may demonstrate appropriate psychosocial skills and provide adequate environments for children's growth and development most of the time but lack the means to obtain services they cannot themselves provide. These families may also not know how to access services their children need. Public policy should ensure them **support** in obtaining, using, or paying for a broad array of services.

Still other families, although fewer in number, may lack the will, the know-how, and the means to respond to their children in developmentally constructive ways, to provide an environment supportive of their growth and development, and to obtain services they cannot themselves provide. Public policy must ensure these high-risk families intensive and comprehensive **outreach**.

Table 6 identifies the goals, services, and providers of services at three levels of intervention along the continuum of families' needs. In general, public policy should provide families with the intensity and scope of intervention that matches the risks to which they are exposed (Bowman,1988).

Characteristics of Effective Preventive Actions

There is no "one best method" for delivering the services families need to prevent their children from experiencing developmental dysfunction and school failure. The factors that produce risk are so complex and multi-faceted that they defy a single solution. Two decades of practice and research on programs that have been successful in preventing and reducing risk, indicate that the programs share common characteristics. The characteristics of effective actions are delineated below:

- *They are of equally high quality regardless of the recipients' race, ethnic origin, or ability to pay.* They do not perpetuate a two-tiered system that segregates children and families along economic or racial lines, nor offer substandard services to those who need them the most, nor create unequal opportunities for children from the moment of their birth (Kagan,1987; Hawley, 1981).

- *They are coordinated within and across agencies.* This enables them to avoid fragmentation, duplication, and inconsistency in the delivery of services and to use resources efficiently.

- *They are integrated and accessible.* Families and children regardless of race, ethnic origin, or socio-economic status can access them without encountering language or discrimination barriers or problems related to transportation, hours of operation, or ability to pay. Multiple services are provided in a single location so that they can be used efficiently.

- *They are flexible.* They are not so bound by bureaucratic regulations and requirements that they cannot respond to unique and changing circumstances or the unique and changing needs of particular families or children.

- *For high-risk families and children, they use a case management approach that promotes continuity in relationships over time.* A single individual or team is responsible for seeing that families and children get all that they need, when and for as long as they are in need, and that what they get makes a difference.

- *They view children in the context of their families and the family in the context of its surroundings* (Schorr & Schorr, 1988). The services they provide match both the needs of children and the needs of parent who are ultimately responsible for protecting, nurturing, and caring for children.

- *They focus on family education, self-sufficiency, and empowerment* (Bowman, 1988). Effective actions involve parents as key partners in promoting children's growth and development. They collaborate with parents in improving children's circumstances, listen to parents' concerns, and teach parents to be effective users of services.

- *They are accountable.* They conform to standards of excellence in delivering services and document the effectiveness of the services they deliver.

What Can Be Done Now?

Immediate and effective action is called for if Maryland is to ensure optimum development of its young children. Many of the needed actions are already being tried by agencies in various parts of the state. Thus, while some new initiatives may be required; review, refinement, evaluation, and expansion of existing services seem a better place to start. Table 7 provides a Blueprint for Action on behalf of the state's young children at-risk. In each area -- education, care, health and nutrition, and family outreach -- the needed action is described, a rationale behind or reason for the action is provided, the type of commitment is indicated, and the local examples, if available, are provided.

EPILOGUE

"Each child represents either a potential addition to the productive capacity and enlightened citizenship of the nation or, if allowed to suffer from neglect, a potential addition to the destructive forces of a community ... The interests of the nation are involved in the welfare of this army of children no less than in our great national affairs." -- Theodore Roosevelt, 1909

TABLE 6

CONTINUUM OF SERVICES, PROGRAMS, AND ACTIVITIES FOR YOUNG CHILDREN AND THEIR FAMILIES

Level of Provision: ACCESS	SUPPORT	OUTREACH
LEVEL OF NEED: Ample resources that enable families to access outside services as needed or desired	Support in locating, accessing, paying for, and using resources; e.g., minimizing financial barriers, simplifying eligibility procedures, and improving/expanding information and referral systems	Intensive, comprehensive assistance, beginning with aggressive outreach and continuing with systematic and deliberate follow-up over time
TIME PERIOD: PRENATAL		
GOAL: To ensure the health of the mother during pregnancy SERVICES: Prenatal care, education and other support as desired PROVIDERS: Public and/or private, as chosen by the parent EXAMPLES: Private obstetricians, health clinics	GOAL: To ensure that pregnant women receive adequate nutrition and have access to affordable, high-quality prenatal care and education SERVICES: Nutrition and prenatal care combined with counseling, vocational training, and parent education. Costs defrayed by parents on a sliding fee scale or provided to eligible parents through entitlement PROVIDERS: Public and/or private health, education, and/or social services, but co-ordinated by a single entity, provided in a single location, or accessed through a multi-service network EXAMPLES: WIC, SOBRA, Minnesota Early Childhood Family Education Program	GOAL: To meet the multiple and complex needs of pregnant women who live impoverished and/or disorganized lives SERVICES: Nutrition and prenatal care with comprehensive and intensive support that responds to the diverse and changing needs of each individual across all social, educational, and personal dimensions PROVIDERS: Same as Support Level, but with continuity of providership over time EXAMPLES: OB Access Project, Prenatal/Early Infancy Project (PEIP), Lawrence G. Paquin School for Expectant Teenage Mothers

TABLE 6

CONTINUUM OF SERVICES, PROGRAMS, AND ACTIVITIES FOR YOUNG CHILDREN AND THEIR FAMILIES

Level of Provision: ACCESS	SUPPORT	OUTREACH
LEVEL OF NEED: Ample resources that enable families to access outside services as needed or desired	Support in locating, accessing, paying for, and using resources; e.g., minimizing financial barriers, simplifying eligibility procedures, and improving/expanding information and referral systems	Intensive, comprehensive assistance beginning with aggressive outreach and continuing with systematic and deliberate follow-up over time
TIME PERIOD: AT BIRTH		
GOAL: To ascertain the health status of the newborn baby and provide routine and specialized care as needed	GOAL: Same as Access Level, with support provided through resource referral and follow-up	GOAL: Same as Access Level, with family and infant needs matched to specific individualized services. Systematic follow-up and monitoring for treatment effects
SERVICES: Routine health assessment and medical follow-up	SERVICE: Same as Access Level, with the addition of counseling, education, and opportunities for continued schooling and/or vocational training. Costs defrayed by parents on a sliding fee scale or provided to eligible parents through entitlement	SERVICE: A broad range of subsidized biomedical and psychosocial services that meet the diverse and complex needs of parent and infant
PROVIDERS: Public and/or private, as chosen by the parent	PROVIDERS: Public and/or private health, education, and/or social services, but coordinated by a single entity, provided in a single location, or accessed through a multi-service network	PROVIDERS: Same as Support Level but with regularity and continuity of providership over time
	EXAMPLES: Child Find, Early and Periodic Screening, Diagnosis and Treatment Programs, Family Support Centers	EXAMPLES: Greenspring Pediatric Clinic, Healthy Generations, Regional Center for Infants and Children

TABLE 6
CONTINUUM OF SERVICES, PROGRAMS, AND ACTIVITIES FOR YOUNG CHILDREN AND THEIR FAMILIES

Level of Provision:	ACCESS	SUPPORT	OUTREACH
LEVEL OF NEED:	Ample resources that enable families to access outside services as needed or desired	Support in locating, accessing, paying for, and using resources; e.g., minimizing financial barriers, simplifying eligibility procedures, and improving/expanding information and referral systems	Intensive, comprehensive assistance beginning with aggressive outreach and continuing with systematic and deliberate follow-up over time
TIME PERIOD: PRESCHOOL			
	GOAL: To ensure that a vast array of high-quality services is available to children and families	GOAL: To provide a vast array of affordable high-quality services that are easy to access and efficient to use	GOAL: To locate families in disarray and match them with a vast array of high-quality services on an individualized and intensive basis
	SERVICES: Medical, health, nutrition and family support services; child care and education with costs defrayed by the family	SERVICES: Same as Access Level, with costs defrayed by families on a sliding fee scale	SERVICES: Same as Access Level, but free of charge; additional services as needed to ensure access to and use of resources
	PROVIDERS: Public and/or private, as chosen by each family	PROVIDERS: Public and/or private, but coordinated by a single entity, provided in a single location, or accessed through a multi-service network	PROVIDERS: Same as Support Level but with continuity of providership over time
	EXAMPLES: Project Home Base, Family-Oriented Structured Activity Book and Toy-Lending Program, Tulare Follow-Through	EXAMPLES: Extended Elementary Education Program, LOCATE, Child-Parent Centers, Preschool Activity, Parent and Child Education, Teacher Assistance Teams, Providing for the Preschool Child with Problems, Early Learning and Support Network	EXAMPLES: Head Start, Beethoven Project, Homebuilders, The Pamona Unified School District Development Program, Lafayette Homes Family Development Center

TABLE 6

CONTINUUM OF SERVICES, PROGRAMS, AND ACTIVITIES FOR YOUNG CHILDREN AND THEIR FAMILIES

Level of Provision: ACCESS	SUPPORT	OUTREACH
LEVEL OF NEED: Ample resources that enable families to access outside services as needed or desired	Support in locating, accessing, paying for, and using resources; e.g., minimizing financial barriers, simplifying eligibility procedures, and improving/expanding information and referral systems	Intensive, comprehensive assistance beginning with aggressive outreach and continuing with systematic and deliberate follow-up over time
TIME PERIOD: SCHOOL-AGE		
GOAL: To promote children's total development through provision of high-quality, appropriate and effective education that includes cooperation with the home SERVICES: Basic educational programs with home involvement that result in continuous progress for every child PROVIDERS: Schools with home cooperation programs and basic student support services EXAMPLES: Comer Process, Teacher Decision Making, Early Identification & Intervention Program, Success for All, Early Prevention of School Failure, TESA, Student Team Learning, Writing to Read, Cooperative Integrated Reading and Composition, Central Park East	GOAL: To ensure that all children, regardless of race, sex, socioeconomic status, or family circumstances, reach a satisfactory level of educational and developmental competence SERVICES: Same as Access Level with supplemental and expanded educational, student, and home support services, e.g., child care, before and after school care, pupil personnel teams, individualized learning, hot meal program, parent workers PROVIDERS: Schools in collaboration with community agencies EXAMPLES: Success for All, Accelerated Learning, Before and After School Care, Extended Day Schools, Child Care Connection, Provider Training, School Health Program, MECA: Make Every Child Capable of Achieving, Reading Recovery, Portage Classroom Curriculum, Teacher Assistance Teams, Pupil Services Program, Adopt-A-Student	GOAL: Same as Access Level SERVICES: Same as Access Level, but more comprehensive, intensive, and individualized and with greater involvement with the home PROVIDERS: Same as Access Level, but with continuity of providership over time EXAMPLES: Casey Project

TABLE 7 A BLUEPRINT FOR ACTION: HEALTH AND NUTRITION

ACTION	RATIONALE / PURPOSE	TYPE OF COMMITMENT		
		Legislation	Funding	Local Reorganization
Provide breakfast and lunch to all children in public schools who are hungry.	Currently, only children whose parents have completed the forms and whose families qualify can receive meals. Highly mobile children, children of illiterate parents, and children whose families are in crisis may be hungry but are not eligible.		X	
Supplement WIC program with State funds so that all families eligible by federal guidelines can be served.	Currently, only 40% of those eligible by federalguidelines receive services.		X	
Provide expanded services for pregnant women who are Medicaid-eligible.	Initial evaluation of prenatal health programs (health & parent education, nutrition, psychosocial support) indicate that the programs are highly effective and cost-effective.		X	
Supplement the Pregnant Women & Children's program (SOBRA), an expanded health care provision for families not eligible for Medicaid.	Maryland now covers only pregnant women and children ages 0-2 who live in families earning up to 100% of the federal poverty level. Not all pregnant women and children 0-5 who are eligible are being served.		X	
Require all publicly funded health service providers to meet standards of quality.	Presently a 2-tiered health system in MD - all publicly-funded health providers should meet acceptable standards of quality.	X		
Provide health screening and family follow-up as part of the public school kindergarten program.	To assure that problems are diagnosed and treated before they become more severe.		X	
Expand programs for families that abuse or neglect their children.	To strengthen families and prevent damage to children by providing education for effective parenting.		X	
Enable homeless children to attend any public school or day care program close to the location their family occupies at the time.	To ensure that children are educated, fed, cared for and offered stability while their families are in transition.	X		

TABLE 7 A BLUEPRINT FOR ACTION: CHILD CARE

ACTION	RATIONALE / PURPOSE	TYPE OF COMMITMENT		
		Legislation	Funding	Local Reorganization
Provide expanded subsidized child care in the public schools.	Many school-age children lack adequate supervision after school. Since children are already in school, it is the most likely place to provide after-school recreational programs.		X	
Require all group child care providers to meet national standards of quality.	Substandard programs can damage children's development; program quality is often linked to parents' ability to pay. All programs should be of high quality.	X		
Develop innovative models for linking preschool education to care in order to provide comprehensive programming.	Many children spend their day in half-day preschool and half-day child care. Models need to be developed that ensure continuity in the child's day.		X	X
Establish a State Interagency Coordinating Council on Early Childhood and Local Coordinating Councils in each political subdivision.	To serve as an advocacy and advisory body in acquiring, planning, and delivering child care and educational services. To ensure that existing programs are not displaced and that services, where needed, are provided.	X		

TABLE 7 A BLUEPRINT FOR ACTION: EDUCATION

ACTION	RATIONALE / PURPOSE	TYPE OF COMMITMENT			
		Legislation	Funding	Local Reorganization	State Board Action
Promote site-based school management.	To improve schools by giving staff and parents more power to control their own budgets, hire and fire teachers, determine curriculum, and determine the kinds of resources that will be provided.			X	
Establish an open enrollment policy: parents choose the school their children attend.	Currently, schools are not accountable to parents for the quality of education they provide. In spite of this, parents have no choice about which school their children attend.	X		X	
Establishment of early childhood centersor early childhood units for primary-grade children.	Enables schools to provide a full range of appropriate services for young children and their families, and promote continuity across grades. Transitioning and the gains in learning that are lost when children move from preschool to elementary school are a major problem in early childhood education.			X	X
Expansion of public school pre-kindergarten and other preschool programs for four-year-olds.	Statewide research shows that it improves poor children's chances for success in school.		X		
Require schools to provide in-class remediation as soon as a learning problem is identified.	Research on pull-out programs does not indicate that they are highly effective. In addition, pull-out programs only provide support when a child has fallen far behind.		X	X	
Require public school early childhood programs to meet state standards of quality.	Inappropriate practices in early childhood education can place children at risk for school failure. All public school pre-kindergarten programs should meet the same standards of quality.				X

TABLE 7 A BLUEPRINT FOR ACTION: EDUCATION

ACTION	RATIONALE / PURPOSE	TYPE OF COMMITMENT			
		Legislation	Funding	Local Reorganization	State Board Action
Require inservice training for staff involved in administering, supervising, or implementing early childhood education programs.	No requirement now exists for local school systems to provide systematic training. Early childhood staff need to improve their competencies in multicultural education, parent involvement, and use of appropriate educational practices.	X		X	X
Require each school to develop and implement a systematic plan for home/school collaboration.	No such requirement now exists. Staff often lack the time to work with parents, but parent involvement has been shown to be a critical determinant of children's success in school.	X		X	X
Ensure more equitable funding for public schools through enactment of Civiletti 3A.	Maryland has a two-tier system of education. Its quality now hinges on where children live. Financial investment in education is grossly disproportionate across Maryland, as is the equalization formula.		X		
Provide Pupil Services teams for children experiencing problems in school.	To identify non-educational factors that may be interfering with learning; to work with families to resolve their problems.	X			
Develop a grants program for innovative programs in early childhood/ family education.	To fund pilot projects in which promising practices can be tried out and refined. Little motivation to experiment now exists.		X		
Require schools to use a multi-agency, case management approach to identify and remediate problems of children who are failing.	The root of children's problems may not be educational. Schools need to collaborate with other service providers to address and resolve the problems of children who are failing to learn.		X	X	X
Hold schools accountable for the educational outcomes of children identified as being at risk through required early identification and intervention screening.	Currently, schools are required to provide remediation for identified children. However, they are not required to report the effectiveness of early intervention efforts. In addition, retention is being used with increasing frequency as a remedial strategy.	X			X

TABLE 7 A BLUEPRINT FOR ACTION: FAMILY OUTREACH

ACTION	RATIONALE / PURPOSE	TYPE OF COMMITMENT			
		Legislation	Funding	Local Reorganization	State Board Action
Require a course in parenting as a part of every students' course of study.	To ensure that individuals are knowledgeable about and have the skills required for adequate parenting before they have children.	X			X
Develop a Resource and Referral Network in each county in Maryland.	To help praents acquire information about and access to the services their families need, and in an efficient manner.		X		
Establish family resource centers in central locations.	To offer families in crisis easy access to a variety of privately and publicly funded support services.		X		
Establish family support centers in high-risk neighborhoods.	To provide comprehensive and intensive on-site support to families at highest risk of jeopardizing their children's healthy development.		X		
Establish continuing education and support programs for pregnant teens.	To ensure that pregnant teens continue their education, get prenatal care, and education for effective parenting.		X		
Establish a home-based childhood family education program for parents with children birth through age 4.	To strengthen families by helping parents to provide better for their children's learning and development beginning at birth.		X		
Establish a Family Support and Parent Education Section as part of the Maryland State Department of Education.	To ensure that all public schools are responsive to children from diverse family backgrounds and to collaborate with other agencies to provide family education, information, and advocacy services.		X		
					X

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APPENDIX OF PROGRAM EXAMPLES

Programs listed alphabetically

Preschool: Access

ACTIVITY BOOK AND TOY LENDING PROGRAM

A program to promote more extensive parent/family involvement in student learning from early learners to adults. Current emphasis is on grades prekindergarten to three.

Frances Witt, Early Learning Specialist,
Maryland State Department of Education
200 West Baltimore Street
Baltimore, Maryland 21201
(301) 333-2348

Program Description

The Activity Book and Toy Lending Program (ABT) operates like a toy lending library, but in expanded form provides a wider variety of activities, books, toys, and games that parents can use to reinforce skills and extend school learning. The ABT is based on the assumption that if parents had quality activities, books, and toys to share with their children they would take the time to enjoy the materials with them. This would support school efforts to reinforce skills and make parents partners in the school experience.

In its most basic form, ABT provides parents with quality materials to reinforce appropriate developmental skills at home. At a more expanded level, teachers match materials to specific skill needs and instruct parents in the "whys" and "hows" of using the materials to reinforce school learning in the home setting.

Assessment results suggest that from parents' perspectives, this program helps their children's schoolwork, enhances feelings about their children's school, and has a positive effect on their relationships with their children.

School-Age: Support

ADOPT-A-STUDENT PROGRAM

Program that encourages teachers to be listeners and advocates for students.

John Young, Principal
Schenley High School Center
Central Avenue at Bigelow
Pittsburgh, Pennsylvania 15213
(412) 622-8200

Program Description

The Adopt-A-Student Program pairs one or more students with a teacher, to be a listener and advocate for the student(s). The development of close staff/student relationship is expected to increase student self-esteem, as well as commitment to school norms and activities. By demonstrating a real and personal interest in the student's concerns and aspirations, staff are able to influence students' level of involvement in school and reduce anonymity of the school experience. When necessary, they speak on the student's behalf to his/her teachers or other administrators.

Targeted students are those who may be earning passing grades but who remain deattached, withdrawn, and isolated from the mainstream of school activities. To avoid difficulties with labeling, troubled students should not be the only ones included in the program. Staff adopting a student includes administrators, teachers, pupil services members, and custodians.

Time and money costs are minimal, but staff need time to share activities, successes, and problems.

Preschool: Outreach

BEETHOVEN PROJECT

A comprehensive child development program providing prenatal care, infant health, family support, and education services.

Judy Langford Carter, Executive Director
Gina McLaughlin, Project Director
(The Ounce of Prevention Fund)
Center for Successful Child Development
4848 South Street
Chicago, Illinois 60609

Program Description

The Center for Successful Child Development (the Beethoven Project) is a comprehensive child development program housed in Chicago's Robert Taylor Homes. It is named for the Beethoven elementary school the children it serves attend. Intensive support and a full range of services are provided to all pregnant women and their children until they reach the age of five.

The Center provides Head Start for three and four year olds, primary health care for mothers and babies on site, a family drop-in center, home visiting, help with nutrition, counseling, and support to raise the chances of a healthy birth. All of these services are directed at enabling young mothers to complete school and obtain job training and at the same time equipping parents to help their children to develop socially, cognitively, and psychologically, so they will be fully prepared for school entry.

At the time of the first evaluation. the Beethoven Project had operated for less than one year with moderate success. Not all eligible families were willing to participate. For this particular intervention and support strategy to make a difference, there is a critical need to provide home-based services tied to an individual family plan. To ensure access to services within this initiative for more children and families, the project is trying to link itself to agencies outside the community and to hire community residents to deliver the services.

BEFORE AND AFTER SCHOOL CARE

Program to provide before and after school child care services to children of working parents.

Prince George's County Public Schools
14201 School Lane
Upper Marlboro, Maryland
(301) 952-6000

Program Description

The Before and After School Care Program is designed to offer a safe and orderly environment before and after regular school hours to elementary-aged children of working parents. This program compliments the regular school day's program with planned educational enrichment and recreational activities. The service is open to any student in afternoon kindergarten and grades 1-6 living within the school's boundary. No transfers are granted based on this program as the racial balance of individual schools should not be altered. Because this service must be self-sustaining, a fee is charged.

Some centers remain open and there is no additional fee charged for services when schools are closed for snowdays, late openings, early dismissals, or emergency closings (e.g. lack of electricity or water). Services also are provided at some centers on optional days (days when schools are not regularly in session) at an additional fee. These selected centers that remain open are available to all before and after school participants in the county.

CENTRAL PARK EAST

Model school program that emphasizes positive school climate and family involvement in school.

Deborah Meier, Principal
Central Park East Elementary School
Part of Jackie Robinson Junior/Senior High School
1573 Madison Avenue
New York, New York 10029
For information call School District Four at (212) 860-5858

Program Description

Central Park East is one of East Harlem's schools where change has taken place as a result of a change in the school's climate. Teachers and children alike are treated with courtesy and respect in order to create a learning environment that is warm and caring. Teachers stress cooperative and independent learning strategies that enable the children to develop confidence in their abilitity to make appropriate judgments.

A second major component of this school is the emphasis on family involvement. Homework is seen as a tool to involve parents in the classroom activities and as a way for the

children to demonstrate their skills and competencies. In addition, teachers and principals are encouraged to get involved with social workers as they work with families to overcome any problems that interfere with learning.

The school operates within the same budgetary limits as other schools in that district, but has dramatically reduced office referrals and suspensions while increasing attendance and graduation percentages.

School Age: Support

CHILD CARE CONNECTION: INCREASING PUBLIC AWARENESS THROUGH PROVIDER TRAINING AND PARENT EDUCATION

This project was designed to address school-age child care needs in Montgomery County.

Child Care Connection, Inc.
101 Monroe Street
Rockville, Maryland 20850
(301) 217-1276

Program Description

Increasing Public Awareness Through Provider Training and Parent Education was designed to 1) recruite and train family day care providers to care for school-age children, 2) recruite and train operators and staff for center-based school-age programs, and 3) provide parent education that promotes school-age child care as an alternative to children being home alone.

Preschool: Outreach

COMMISSION FOR FAMILIES

A project that provides a centrally located multi-service center, with a wide range of social, health, and education services, to high risk families and their children and teens.

Commission for Families
Donna F. Stark, Executive Director
Capital Plaza Mall, Suite 420
6200 Annapolis Road
Landover Hills, Maryland 20782

Program Description

Commission for Families is funded by the Annie E. Casey Foundation to provide early identification and intervention services for families that will assure that each child will have a permanent and safe home, while preserving the family unit. It is based on the assumption that many high-risk families do not have the knowledge or resources (i.e., transportation, reading ability) to decipher forms and guidelines or partake of the necessary services even though they are eligible for them. The project provides one place to go for services and one case worker is assigned to the family to assure that the family receives the needed services. The multi-service center will include the following services: Family Planning and Teen Pregnancy, High Risk Intensive Evaluation Team (HRIET), Intensive Family Services, Assessment and Case Management, as well as link clients to a variety of other services. The case worker has direct links to all agencies within the county system and the responsibility to see that each of his/her clients receives all the services needed.

COOPERATIVE INTEGRATED READING AND COMPOSITION (CIRC) (Grades 2-3)

Uses cooperative learning strategies in the reading and language arts program.

Robert J. Stevens or Anna Maria Farnish
Center for Research on Elementary and Middle Schools
The Johns Hopkins University
3505 North Charles Street
Baltimore, MD 21218
(301) 338-7569

Program Description

CIRC is a complete reading and language arts program that uses a competitive team activity and student cooperation to promote student language growth. The program consists of three principal elements: basal-related activities, direct instruction in reading comprehension, and integrated language arts writing. In all of these activities, students work in heterogeneous learning teams. All activities follow a regular cycle that involves teacher presentation, team practice, independent practice, peer pre-assessment, additional practice, and testing.

Initially, students are assigned to reading groups according to their reading levels. Then, within their reading groups, they are assigned to pairs or triads. Finally, the pairs are assigned to teams composed of partnerships from two, often diverse, reading groups. Students' scores on all quizzes, compositions, and book reports contribute to form a team score.

Students use their regular basal reader as anthologies of stories, and are involved in a systematic teacher-led reading lesson. After stories are presented by the teacher, students complete a series of follow-up activities that may include: 1) partner reading, 2) story grammar and story-related writing, 3) word mastery, 4) word meanings, 5) story retelling, and 6) spelling. Evaluation may include partner-checking and teacher follow-up of student mastery.

One day a week, students receive instruction in reading comprehension skills following a special step-by-step curriculum.

During the language arts period teachers use a specific language arts/writing curriculum specially designed for this project. The writing component uses a process approach to writing with both the teacher and teammates providing the writer with feedback and help during the writing/editing revision process.

Students are asked to read from a library book of their choice for at least twenty minutes every evening.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

A screening program for at-risk children to diagnose and treat health-related problems before they do long-term damage

Early and Periodic Screening, Diagnosis, and Treatment
Care of Rosemary Murphy, Department of Mental Health
201 West Preston Street, Room 321
Baltimore, Maryland 21201
(301) 225-6758
Maryland Medical Assistance Program

Program Description

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is intended to detect and treat special illnesses and handicaps before they do long-term damage and become harder and more costly to treat. The program serves any child under the age of 21 who is eligible for Medical Assistance.

EPSDT uses a case management approach with tracking to ensure that children with identified problems receive treatment. Local health department program managers help parents locate needed health services, schedule apointments, and obtain transportation to medical providers.

National studies have shown that EPSDT has contributed to significant improvements in the health of poor children by funding immunizations, hearing and vision tests, dental care, and by its identification and treatment of many previously undiagnosed conditions. In the area of immunization alone, studies have shown that for each dollar spent, ten dollars were saved in later costs for medical and other health-related problems. However, EPSDT is not intended as a family support system.

EARLY IDENTIFICATION AND INTERVENTION PROGRAM (EIIP)

A comprehensive screening program to identify and help students with potential learning problems.

Jo Anne Carter, Chief, Early Learning Section
Maryland State Department of Education
200 West Baltimore Street
Baltimore, Maryland 21201
(301) 333-2312

Program Description

The Early Identification and Intervention Program (EIIP) involves screening each student entering the first year in any primary grade in Maryland schools, identifying specific needs of those with learning problems, devising programs to meet those needs, and continuously evaluating what has been done for the child.

The three basic components of the early identification program include: Screening, Review and Evaluation, and Intervention. At the center of the process is the teacher who performs the screening and, with the help of an Educational Management Team (EMT) of personnel from the school, develops a program for the child. The major instrument used in the screening is an Observation Checklist for Kindergarten composed of 25 items against which the teacher makes judgments about the student's learning behaviors. The EMT studies and uses these in making its recommendations for follow-up.

The EIIP process brings all of the resources of the school to bear on first identifying those children who have problems, then defining those problems, deciding courses of action, and implementing interventions. In addition parents are closely involved, learning about recommendations and proposed programs and helping find solutions to the child's problems, including resources outside the school.

School Aged: Support

EXTENDED DAY SCHOOLS

This program provides before- and after-school child care services to children of working parents.

Prince George's County Public Schools
14201 School Lane
Upper Marlboro, Maryland 20772
(301) 952-6000

Program Description

The Extended Day School is an elementary school that offers before and after school services to children of working parents, and compliments the regular school day's program with additional educational resources. The schools are located near high employment centers or along major traffic routes. They offer an attractive assortment of early morning and afternoon instruction and enrichment programs coupled with supervised services in recreation, and other educational experiences. A modest fee is charged.

Enrollment in each center is based on parental application for children in grades 1-6 and afternoon kindergarten, within desegregation guidelines. Parents are able to select schools on the basis of employment or transportation considerations, regardless of residence within the county.

Preschool: Access

FAMILY ORIENTED STRUCTURED PRESCHOOL ACTIVITY ("Seton Hall" Program)

Program prepares the parent to be the child's first and most significant teacher.

Jeanne Chastang Hoodechek, Program Director
Community Education
Care of School District #742, Community Schools
628 Roosevelt Road
St. Cloud, Minnesota 56301
(612) 253-5828

Project Description

Family Oriented Structured Preschool Activity (FOSPA) is designed to involve all parents and their children, ages 4 and 5, in preschool and/or kindergarten activites that stimulate and reinforce interaction within the family.

In FOSPA parents work with their children in the classroom during a two-hour session once a week from September to May. Learning stations are used by parents to reinforce basic skills with their children. Parents also observe formal models of teaching and informal child-teacher interactions. They participate in discussion groups led by a parent educator. Home-activity packets are another vehicle used to facilitate home-school cooperation.

Evaluation data thus far shows that there is a 28 percent growth in skills. In addition, parents and children report more confidence in their ability to communicate and interact with school administrators, preschool and kindergarten teachers, and other building staff as a result of their participation in FOSPA.

At Birth: Support

FAMILY SUPPORT CENTERS

Program develops community-based support services for adolescent parents and their families.

Rosalee Street, Executive Director
Friends of the Family, Department of Human Resources
2300 North Charles Street, 5th Floor
Baltimore, Maryland 21218
(301) 467-2556

Program Description

Family Support Centers give assistance to teen parents, their mates, and relatives of teen parents. A network of 11 centers provides community support services that:

- Prevent unwanted pregnancies among adolescents
- Assist adolescent parents in becoming better parents
- Assure healthy growth and development of children of teen mothers
- Help adolescent parents remain in the mainstream by completing school and preparing for employment.

Assistance for enhancing parenting skills, health care and family planning, and diagnostic and assessment services for parents and children are among a core set of support services provided to teen parents as a part of this initiative. Other services available include temporary child care, peer support activities, educational opportunites such as GED classes, and job preparation and skill development to prepare for employment.

Initial evaluation of the Family Support Centers was completed by the Regional Center for Infants and Young Children. Initial results indicate that this is a successful program.

At Birth Outreach

GREENSPRING PEDIATRIC ASSOCIATES--Primary Care Center

High quality and comprehensive primary health care provided to a heterogeneous group of poor and non-affluent families.

Dr. Oscar Taub, Director
5101 Lanier Avenue
Baltimore, Maryland 21215
(301) 578-5800

Program Description

At the Greenspring Pediatric Primary Care Center a newborn is matched to a pediatrician who assumes responsibility for its medical care and family support needs throughout the period of childhood to avoid differentiating quality of care on the basis of ability to pay. All patients, regardless of socioeconomic background, receive as needed, family outreach, transportation to medical providers, and access to an after-hours medical support telephone system, and information and referral. Outreach workers who support families in their homes individualize their services based on each family's unique and changing needs. All children who receive medical care through the Greenspring group are carefully tracked and followed through a computerized recordkeeping system.

Evaluations of the group's efforts indicate that the rate of children who continue in care is unusually high. Ninety percent of all children enrolled as newborns are up to date on immunizations and screening procedures at age two.

At Birth : Outreach

HEALTHY GENERATIONS

A project designed to reduce infant mortality by providing intensive and individualized medical and family support to at-risk women and infants.

Donna Becker
State of Maryland
Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201
(301) 225-5383

Program Description

The Healthy Generations Project is funded through a four-year, 1.2 million dollar grant from the Office of Maternal Child Health. Operating in designated areas of Baltimore City, Prince George's and Anne Arundel Counties, the project is intended to reduce infant mortality and admissions to neonatal intensive care units by providing high quality prenatal and perinatal care to young indigent women and their babies.

The Healthy Generations Project is targeted to women who historically do not seek health care during pregnancy. Such women are far more likely than those who receive health care during pregnancy to deliver low birthweight babies.

Healthy Generations uses a case management and community-based services apporach to support pregnant women and/or their babies. In addition to providing or providing for obstetrical consultations it offers health education and client advocacy. Support may take the form of assistance in accessing financial resources and linking with community agencies, nursing consultations, counseling, informal family support and follow-up to ensure that needed services. have been received. Infants in the program are screened for health problems. Those with diagnosed problems receive treatment and are tracked through the early childhood years.

Preschool: Outreach

HOMEBUILDERS

An intensive family support program to help families in turmoil and facing removal of a child from the home.

Jill Kinney and David Haapala
Behavior Sciences Institute
34004 Ninth Avenue South, Suite 8
Federal Way, Washinton 98003
(206) 927-1550

Program Description

Homebuilders, in operation for 10 years, is an intensive social service program targeted to families which, in the judgment of a child welfare, juvenile justice, or mental health agency, are at risk of having a child removed from the home.

The Homebuilders model has the following characteristics:

- Cases are accepted only when a referring agency signs a statement that removal of a child from the home is imminent.
- Meetings are conducted with the family in the home to more effectively facilitate treatment, open channels of communication, and establish trust and respect.
- Staff, sometimes in pairs, are given ample time to resolve the immediate crisis and reestablish harmonious family relationships and better coping strategies.
- No team member is responsible for more than three families at once.
- Team staff draw on a wide variety of resources as well as coordinate other community services, as needed.
- Team staff have in their repertoire a wide variety of strategies to help families at risk.

A realistic case load for each therapist makes the job managable. Cost-effectiveness estimates document a five-to-six-dollar return on every dollar invested in the Homebuilders Program, when compared with the cost of long-term foster care, group care, or psychiatric hospitalization.

Prenatal: Outreach

LAWRENCE G. PAQUIN SCHOOL FOR EXPECTANT TEENAGE MOTHERS

High school program for expectant adolescent mothers.

Dr. Rosetta Stith, Principal and Educational Program Specialist and Consultant
Lawrence G. Paquin Junior-Senior High School
2200 Sinclair Lane
Baltimore, Maryland 21206
(301) 396 9399

Program Description

The Paquin School is based on the assumption that pregnant teenagers need much support prior to, during, and after delivery of their babies. The program provides education, social services, and some health services to pregnant teenagers, teen mothers and their children.

Beyond the regular high school program for teens, special support programs include family life, prenatal, and parenting education courses, infant/toddler child care center on the premises, and a preschool education program for three-and four-year olds.

Parent education is emphasized. The teens learn parenting skills through seeing them modeled by trained teachers, having many opportunities to observe infants and young children, and by practicing their parenting skills. Support is also provided to the teens through guidance services, family life planning services, and individualized instruction. A nurse practitioner is on location to assist the teens and to provide health services to the children.

Preschool: Access

LOCATE: CHILD CARE DATABASE INFORMATION

An information and referral project

Arna Griffith, Director
Maryland Committee for Children, Inc
614 Water Street Services.
Baltimore, Maryland 21201
(301) 752-7588

Program Description

LOCATE offers parents information on all regulated child care programs statewide. Locate's responsibilities include the registration of all child care providers throughout the state, and developing a statewide information and referral directory of all currently operating child care programs, including listings of resources for handicapped children.

School-Age: Access

MARYLAND PUPIL SERVICES PROGRAMS

Programs assist each student toward optimal health, personal, interpersonal, academic and career development.

Mary K. Albrittain, Chief, Pupil Services Branch
Division of Compensatory and Support Services
Maryland State Department of Education
200 West Baltimore Street
Baltimore, Maryland 21201
(301) 333-2433

Program Description

Pupil Services complements a quality instructional program by providing support services that assist students in reaching their full intellectual, emotional, and social potential. These many support services depend primarily on professionals providing assistance in guidance, school psychology, pupil personnel, school nursing, and alternative programming. The goal of Pupil Services Programs is to support the total educational experience, thus assuring all students the opportunity to develop skills essential for successful learning, successful emotional/social growth, and successful employment.

Pupil Services Programs use a coordinated approach to deliver efficient individual strategies by the various Pupil Services staff members. The use of the interacting Pupil Services team helps to ensure the most effective use of resources to meet students' needs while increasing professional involvement, coordination, cooperation, efficiency, and communication. Teaming allows Pupil Services staff to provide teachers and parents in need of assistance with immediate and effective help by providing coordinated child study

MARYLAND TEACHER DECISION MAKING PROJECT (TDM)

Builds local school control through the development of a school management team that provides intensive staff development.

Phyllis Sunshine
Pupil Services Branch
Maryland State Department of Education
200 West Baltimore Street
Baltimore, MD 21201
(301) 333-2443

Program Description:

The Teacher Decision Making Program (TDM) follows an organizational development model in which a school team, headed by the principal, receives intensive training, makes diagnosis on the usability of that training at their site by reading site data, sets goals in light of that data, then plans and delivers appropriate staff development and coaching experiences to secure that goal. Component features of the program encourage individual and team growth for all staff so that all students benefit.

The program is more than a sequence of staff development experiences. Participants attend monthly training sessions as a school team with their principal and cover a carefully selected series of topics: teacher judgments, management routines, expectations/perceptions, data assessment, thinking skills, team building, cooperative learning, and so forth. They meet on-site once a month with the facilitator to discuss "findings" from their classroom/coaching experiences as follow-up to the monthly sessions. As future trainers in their building, the team is working to fine tune strategies to provide data on the success of the strategy with these children, at this time, at this site.

TDM is a three-year program which recognizes that learning a repertoire of effective behaviors is the conditional first step in facilitating student learning and behavior. Making teachers more aware of their own decision-making strategies should enhance their ability to make more effective decisions (Floden and Feiman, 1980).

MECA: MAKE EVERY CHILD CAPABLE OF ACHIEVING

Averting potential learning problems through individualized diagnosis and instruction

Peter Chester, Director
Meriden Public Schools
22 Liberty Street
South Meriden, Connecticut 06450
(203) 630-4171

Program Description

In the MECA program, students' potential learning problems can be averted by early intervention in kindergarten and first grade. Curriculum is task-analyzed and tasks arranged in hierarchical order. Teaching begins when a child is able to be successful and then proceeds sequentially through a series of increasingly difficult steps.

A learning disabilities teacher, with the help of the classroom teacher and a classroom aide, provides observation, profiling, and intervention within the regular kindergarten classroom for children with potential learning problems. Children showing deficits in a skill area are provided assistance by task-analyzing the curriculum. A match is made between the curriculum tasks and where the student either is meeting with success or difficulty. The instructional team works together to individualize instruction for students.

After the initial training period, the classroom teacher and the special education teacher train each other to combine teaching strategies and curriculum for individualized instruction.

Prenatal: Support

MINNESOTA EARLY CHILDHOOD FAMILY EDUCATION PROGRAM

A family support program for low income expectant mothers and parents of children birth to age 5

Lois Engstrom, Director
Early Childhood Family Education Program
Adult and Community Education Office
Minnesota Department of Education, Room 992
Capital Square Building
550 Cedar Street
St. Paul, Minnesota 55101

Program Description

The Minnesota Early Childhood Family Education Program (ECFEP) is designed to provide high risk families with family support services prior to the birth of their children and in the early childhood years.

Local services and activities may vary, but the most common form of programming is a weekly class for children held simultaneously with a parent class. Home visits for the purpose of outreach, education, and support are components of the program. Additional services may include special events, access to toys and books, newsletters, child care for siblings, and unique services for special needs populations (e.g. Southeast Asian immigrants, single parents, and teen parents).

The establishment of a regional inservice network as a vehicle for sharing information statewide is considered extremely important.

Children of participating families tend to require fewer special services and experience more success during their ensuing school years. Parents reported increased satisfaction with their parenting role.

Prenatal: Outreach

OB-ACCESS PROJECT

A transmedical health care project that provides intensive and comprehensive support to pregnant women who are at-risk.

Dr. A. Lennie
California Department of Health Services
Maternal and Child Health Branch
Pre-Natal Care
714 P Street, Room 760
Sacramento, California 95814
(916) 327-8176

Program Description

In an effort to reduce infant mortality, as well as the number of low birthweight babies, the legislature, working in collaboration with the state health department, determined that improved access to prenatal care was the most promising route to improved infant health. Improved access to prenatal care was defined as both more efficient access and more comprehensive care that included medical and social interventions.

Under OB-Access, Medicaid pays for expanded services starting early in pregnancy. Such services are health education, nutrition, and psychosocial support. Pregnant women who are eligible for Medicaid receive medical care, comprehensive screening for medical and associated risks, nutritional assessments and a psychosocial evaluation. Identified problems are addressed through a follow-up program of medical care, vitamin supplements, health education, family planning, and parenting classes. Specialized supplementary support is provided to women with special needs, e.g., those with learning or emotional handicaps, substance abusers, and women who neglect medical advice.

Initial evaluations of the OB Access Project revealed that 33 percent fewer lower birthweight babies were born to project participants than to a matched group of non-participating Medicaid-eligible women. Although more comprehensive care costs about five percent more than usual Medicaid prenatal care, for every additional dollar that was spent, there was an estimated $1.70 to $2.60 saved in just the reduced need for neonatal intensive care for low birthweight babies.

Preschool: Support

PARENT AND CHILD EDUCATION (PACE)

An intervention program providing GED preparation for high-risk parents and preschool education for three- and four-year-old children.

Jeanne Heberle
Kentucky Department of Education
19th Floor
Capital Plaza Tower
Frankfurt, Kentucky 40601
(502) 564-2117

Program Description

The Parent and Child Education (PACE) program targets three- and four-year-old children whose parents have not earned a high school diploma or a high school equivalency certificate. Family support is provided in several ways. Parents receive GED preparation as well as formal and informal supports for career development and parenting. Preschool programs are provided for their three and four year old children. In addition, joint parent/child activities emphasize how children learn. Parent support groups dealing with self-esteem and competency issues are also components.

In its two years of operation, the program has served approximately 700 parents and children at a cost of approximately $800 per individual. Seventy percent of the parents have either earned their GED certificate or added two years to their grade equivalency. Children have measurably raised their developmental level.

Preschool: Outreach

POMONA UNIFIED SCHOOL DISTRICT DEVELOPMENT PROGRAM

A child care and preschool education network of mutliple provider

Bill Ewing, Program Administrator
153 East Pasadena Street
Pomona, California 91767
(714) 623-1461

Program Description

The Child Development Program serves families whose income falls within 84 percent of the state's median income. Approximately 900 children ages 6 weeks to 14 years participate in various programs at 15 different sites. In addition to Head Start and the state preschool program, subsidized and non-subsidized child care is available. Child care is provided year round, during the day, at night, and on weekends. Care is also provided to children when they are sick. All care and educational programs provide hot meals and meal supplements. Full-time health workers and psychologists support families and children as needed. Staff training is also centralized, but provided separately for education and child care workers. Resources are accessed through a central referral system.

The School-Age Parent/Infant Development Program provides child care to infants and toddlers of school-age parents who are completing their education. This program also provides funds to teach parenting skills to both parents and non-parents.

School-Age Community Care Services is a program for "latch-key" children and is now a part of the School Age Child Care program of the district. Fees are on a sliding scale to eligible families and at full cost to others.

PORTAGE CLASSROOM CURRICULUM

Early learning years curriculum emphasizing a multi-level, multi-domain teaching program,

Julia Herwig, Outreach Director
Portage Project
P.O. Box 564
Portage, Wisconsin 53901
(608) 742-8811

Program Description

This program has been designed to develop independence, initiative, self-esteem, and improve the individual functioning of all children, despite varying ability and need levels. The curriculum is based on a participatory model that promotes learning by doing, experimentation, and make-believe. Emphasis is also placed on appropriate interactions with peers and acquisition of the necessary skills to manage their environment.

At each stage of the curriculum, parental involvement is encouraged. The major tenet of this program is that children develop to their greatest potential with the help and support of their families. Parents are encouraged to be advocates for their children and to be partners in their education.

The curriculum includes:

1. Classroom checklist - assesses five developmental domains (self-help, motor, cognition, social/emotional, communication).
2. Instructional Units - organizes content material and classroom activities around a central theme.
3. Family Activity Letters - aids communication between the school and the home and promotes family involvement in classroom activities.
4. Daily Routine Skills - classroom routines are taught as a means of developing independence.
5. Protective Behaviors - presents personal safety information and teaches children the skills necessary to protect themselves from potential physical and sexual abuse.

PREGNANT WOMEN AND CHILDREN'S PROGRAM (SOBRA)

Increased funding for healh care for pregnant women and children not eligible for MEDICAID.

Dr. Polly Harrison, Director Infant, Child, and Adolescent Health Services
State of Maryland
Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201

Program Description

SOBRA evolved from federal legislation that provided increased funding for health care for pregnant women and children ages 0-5 who live in families with incomes within 185 percent of the federal poverty level (approximately $22,000 for a family of four). Because the allocation Maryland receives is not sufficient to help all those eligible by federal guidelines, SOBRA only covers pregnant women and children ages 0-2, who live in families with incomes up to 100 percent of the federal poverty level ($12,000 for a family of four).

Preschool:Support

PROJECT HOMEBASE

A program for helping parents teach their children ages eight months through four years.

Judy Popp, Director, or Shirley Hutchinson, Team Leader
Project Home Base
4202 Tieton
Yakima, Washington 98908
(509) 575-3246

Project Description

Project Home Base is aimed at supporting and enhancing parents' teaching/parenting behavior. A key component of the project is a weekly home teaching visit by a paraprofessional parent-educator who provides parents with information about children's growth, development, and health care. In addition, a task selected to meet the needs of the parent and child is left in the home for the parents to use with the child during the week.

Another component of the project is parent meetings to discuss topics related to child development and parenting skills such as behavior patterns, discipline, self-concept, and child health and nutrition. Family activities also are offered through local events.

There is evidence that this project reduces developmental delays at kindergarten entrance.

School-Age: Support

READING RECOVERY

Reduces early reading failure through individualized instruction using the Marie Clay Model.

Dr. Carol Lyons
Ohio State University
200 Ramseyer Hall
29 West Woodruff
Columbus, Ohio 43210
(614) 292-7807

Program Description

First grade students scoring in the lowest 20 percent in reading, Chapter 1, and other special participants are helped to develop effective strategies to read at average classroom levels. Students are selected through a battery of individually administered diagnostic tests. Then a daily individualized half-hour lesson that incorporates a variety of reading and writing experiences is conducted.

A lesson sequence consists of 1) reading of familiar materials, 2) composing and writing of a story, and 3) introduction and reading of a new book ("little books" that use familiar language patterns and a predictable story). Every lesson is unique because teachers closely monitor each child's progress.

Teacher trainers must be trained and certified by Ohio State University. These teachers train and supervise teachers who actually work with the students. The pullout program lasts approximately 15-20 weeks and supplements regular classroom instruction. Evaluation results are very promising and show that once children are released from the program, they need no further remediation in reading.

REGIONAL CENTER FOR INFANTS AND YOUNG CHILDREN

A program to help parents who have a history of being neglectful or abusive to their children to learn acceptable and effective parenting skills.

Evelyn Kays-Battle, Director
Joan Costellano, Infant Development Specialist
11710 Hunter's Lane
Rockville, Maryland 20852
(301) 984-4344

Program Description

Parents and their children are together in sessions with trained adults who model and reinforce good parenting techniques. Parents are given many opportunities to practice and adopt the skills being taught. While the parents are engaged in psychotherapy sessions, the children are provided developmentally appropriate learning activities. The program aims to prevent emotional and potential learning disabilities by intervening with effective parenting strategies. The program serves children and parents from the Baltimore and Washington areas.

SCHOOL HEALTH PROGRAM

This program provides nursing services to elementary students in elementary schools, special education centers, and nonpublic schools.

Dr. John Krager, Director of Preventive Services, Chief of School Health Services
Baltimore County Health Department
Investment Place
Towson, Maryland 21204
(301) 887-3421 or 3422

Program Description

The School Health Program is based on the assumption that maintaining a healthy condition and supporting children with chronic health needs such as diabetes or children needing constant health monitoring will enable children to maintain a better attendance record in school, which leads to better achievement. The program serves children from prekindergarten through grade five (ages 4-10) in elementary schools and children beginning at age 2 in special education centers. The program places registered nurses in the schools and also provides additional practical nurses in special education centers. The number of nurses and the amount of time they spend in a school is based on the school's enrollment, the percentage of children with special conditions, and the intensity and degree of the condition.

The program provides a broad range of services and support, including health appraisal, maintenance, correction, and referral. A strong counseling and education program for parents also is included.

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

A program that provides supplemental packages of nutritional food to at-risk women and children.

Joan Salim, Director
WIC Administration
Department of Health and Mental Hygiene
201 West Preston Street 21201
(301) 225-5231

Program Description

The Women, Infants and Children Program (WIC) is intended to reduce the incidence of low birthweight and increase the liklihood that poor children will experience normal growth and development. WIC provides supplemental food packages to women who are pregnant or breast-feeding, and children, ages 0-5, who live in families with incomes up to 45 percent of the federal poverty level (approximately $6,000 for a family of four). The nutritional food packages or vouchers are provided on a regular basis throughout the month. Every six months, when participants are requested to seek re-certification, nutrition education and/or nutrition counseling are

also provided. In addition, WIC provisions require local health agencies that are distributing the food to offer health services to beneficiaries directly or by referral.

Four concurrent studies conducted over a five year period showed that WIC has made significant contributions to women's and children's health. However, Maryland's WIC program will continue to serve only 40 percent of all those who are eligible by federal guidelines.

School-Age: Access

STUDENT TEAM LEARNING (STAD & TGT) (Grade 3)

Increases positive interpersonal involvement and student achievement through instructional techniques using heterogeneous teams.

Barbara Bennet
Center for Social Organization of Schools
The Johns Hopkins University
Baltimore, MD 21218
(310) 338-7570

Program Description

Student Team Learning (STL) consists of three major techniques: Student Team Achievement Divisions (STAD), Teams Games Tournament (TGT), and Jigsaw. All three require students to work in learning teams that are heterogeneous in terms of sex, race, and past performance.

Student Team Learning is the umbrella term used for all three techniques. The techniques can be used with the teachers' manual and teacher-made curriculum materials alone. Inexpensive materials in mathematics, language arts, and science are available.

In STAD, students study worksheets in their teams following a teacher presentation. Then they take quizzes to demonstrate how much they have learned. The students' quiz scores are added to form a team score, which is later published in a weekly newsletter.

TGT is similar to STAD except that students display their learning by playing academic games instead of taking quizzes. In Jigsaw, students become "experts" on topics relating to narrarative material they have read and teach these topics to their teammates.

The effects of STL on intergroup relations and achievement are clear and consistent. After initial teaching of procedures/routines, STL takes no more class or teacher time than traditional methods and can be used in any subject area.

School-Age: Access

TEACHER EXPECTATIONS AND STUDENT ACHIEVEMENT (TESA)

Staff development program focusing on teacher-student interaction

Sam Kerman, Program Director
TESA
Diamond Bear, CA

Program Description

Teacher Expectations and Student Achievement (TESA) offers inservice training in relationships between teacher expectations and student learning. Fifteen specific teacher behaviors, which discriminate between teacher interactions with students for whom low expectations are held and students for whom high expectations are held, have been identified and organized into five instructional units which are presented at monthly workshops.

Teachers participating in the workshops are asked to pick five target students in one of their classes for whom they hold high expectations and five for whom their expectations are low. Following each workshop, each teacher is observed a minimum of four times over a period of four weeks by a workshop peer. The observer codes the frequency with which the teacher behaviors for that unit are directed toward the target "highs" and "lows".

School-Age: Access

WRITING TO READ

Uses computer-assisted instruction to develop early language arts competency

Dave Hockmiller
International Business Machines, Inc.
Camp Hill, PA

Program Description

The program operates on two assumptions. First, reading and writing develop more efficiently when they are built on a child's own natural language growth. Second, children learn best through a multi-media approach that encourages them to write what they can say and read what they write.

A set of interactive language exercises organized into ten learning cycles is used. By the end of the first three cycles, most children can write simple words. After completing ten cycles, most children can write their own stories. Children spend one hour each day in a learning center where they use IBM Personal Computers with speech capability.

A phenomic spelling system (44 phenomes) shows children how individual letters represent sounds that produce words and how words form sentences. The phenomic spelling is accompanied by a traditional spelling program that is taught in a regular classroom.